

Name
in
Full

Lora Catherine Adams

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	William P Adams			
Mother's Maiden Name	Joseph Brumbaugh			
Name of person giving Information	Katherine Gossard			
	William Adams			

CAUSES OF DEATH

Primary

Tuberculosis

How long

5 mo.

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. H. Kishard
Leitersburg, Md.

PHYSICIAN
OR CORONER

Accident or Suicide?

Middleburge

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Louis Bishop

CERTIFICATE OF DEATH

Died at	Town	County			MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1905	June	29	Age 21	3		
Sex	Male	Color or Race	white	Birth-place	Maryland	
Occupation	Laborer			Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			Hancock	
Father's Name	Deutor Bishop			Father's Birthplace	Maryland	
Mother's Maiden Name	Ellen Kause			Mother's Birthplace	Maryland	
Name of person giving information	How related to deceased					

CAUSES OF DEATH

Primary

How long

Immediate

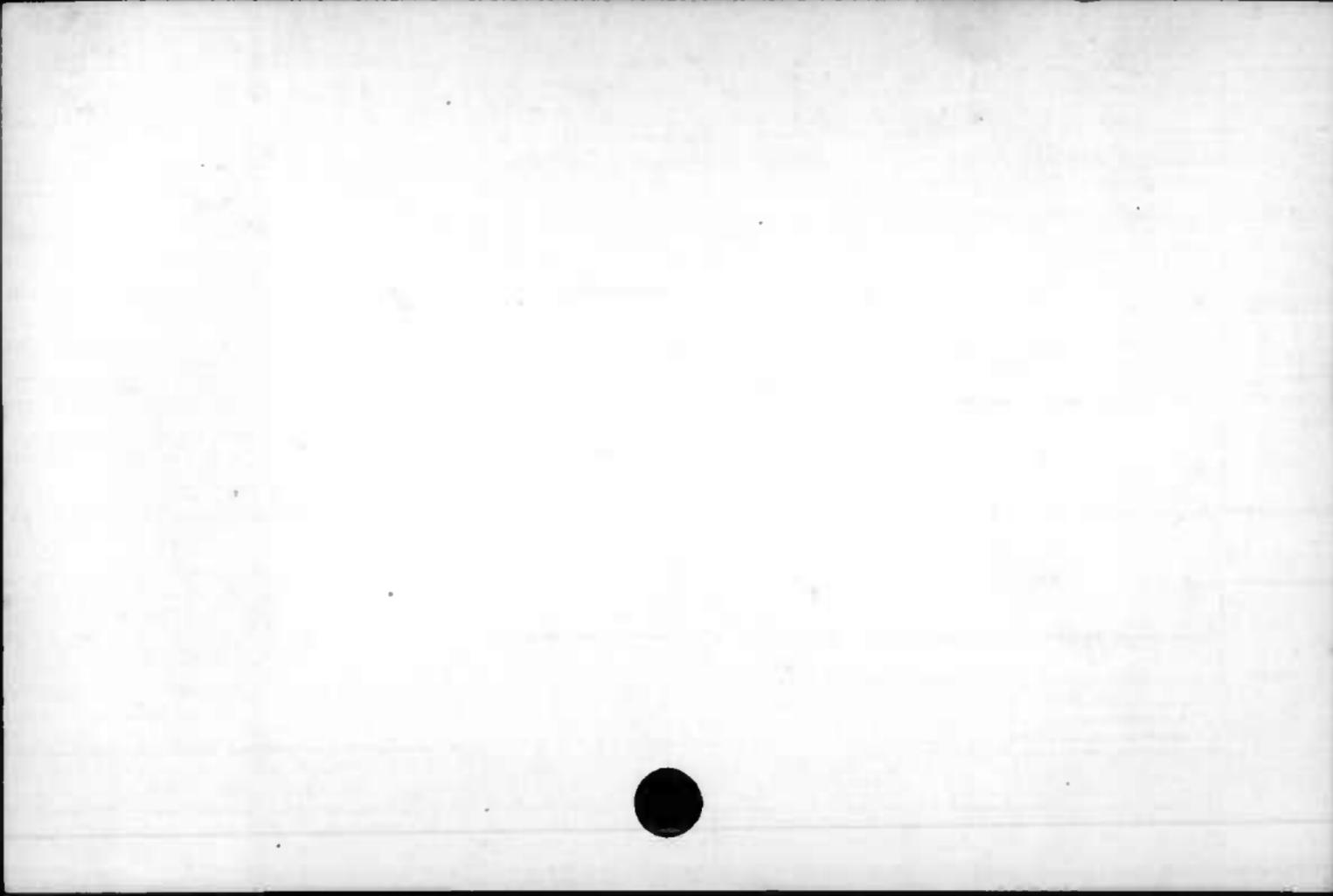
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Mary A Brandt

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1908	Month 6	Day 17	Years 76	Months	Days
Sex	Female		Color or Race	White		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Widow		Name of Wife or Husband	David W. Brandt		
Father's Name	Johnathan Jones		Father's Birthplace			Md
Mother's Maiden Name	Susan flesh		Mother's Birthplace			Md
Name of person giving information	How related to deceased					

CAUSES OF DEATH

Primary

(54)

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

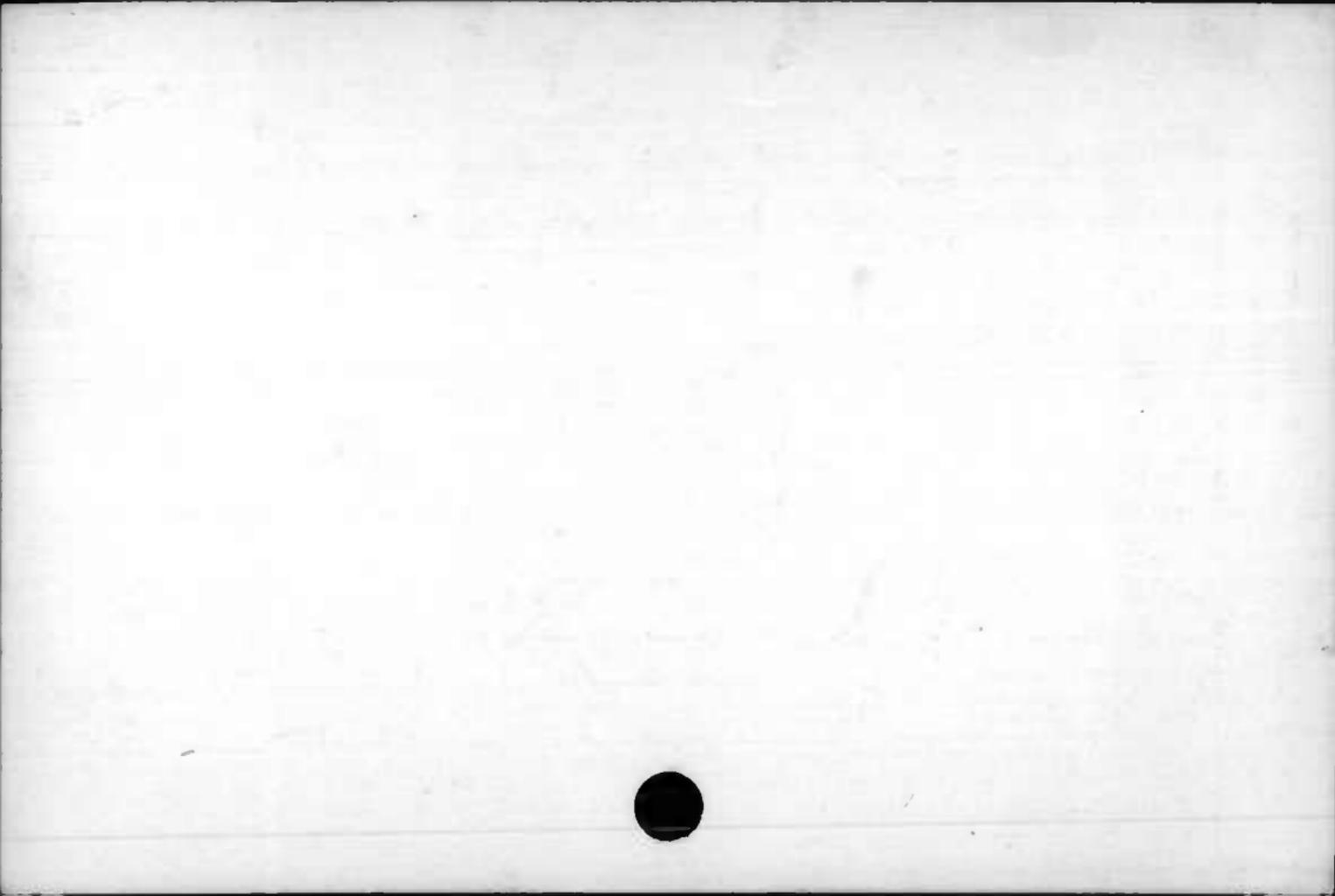
Signature of Physician

Address

L. M. Watkins
Undertaker
Hagerstown Md

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Sarah Brogumier

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	
Date of death	Month	Day	Years	Months Days
1905	4	15	72	6 12
Sex	Female	Color or Race	White	Birth-place
Occupation	Housewife			
Married, Single or Widowed	Married	Name of Wife or Husband	Aaron Brogumier	
Father's Name	Edwd	Morgan	Father's Birthplace	England
Mother's Maiden Name	Margarett Morgan			Mother's Birthplace
Name of person giving Information	How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Otithisis Pulmonelles

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

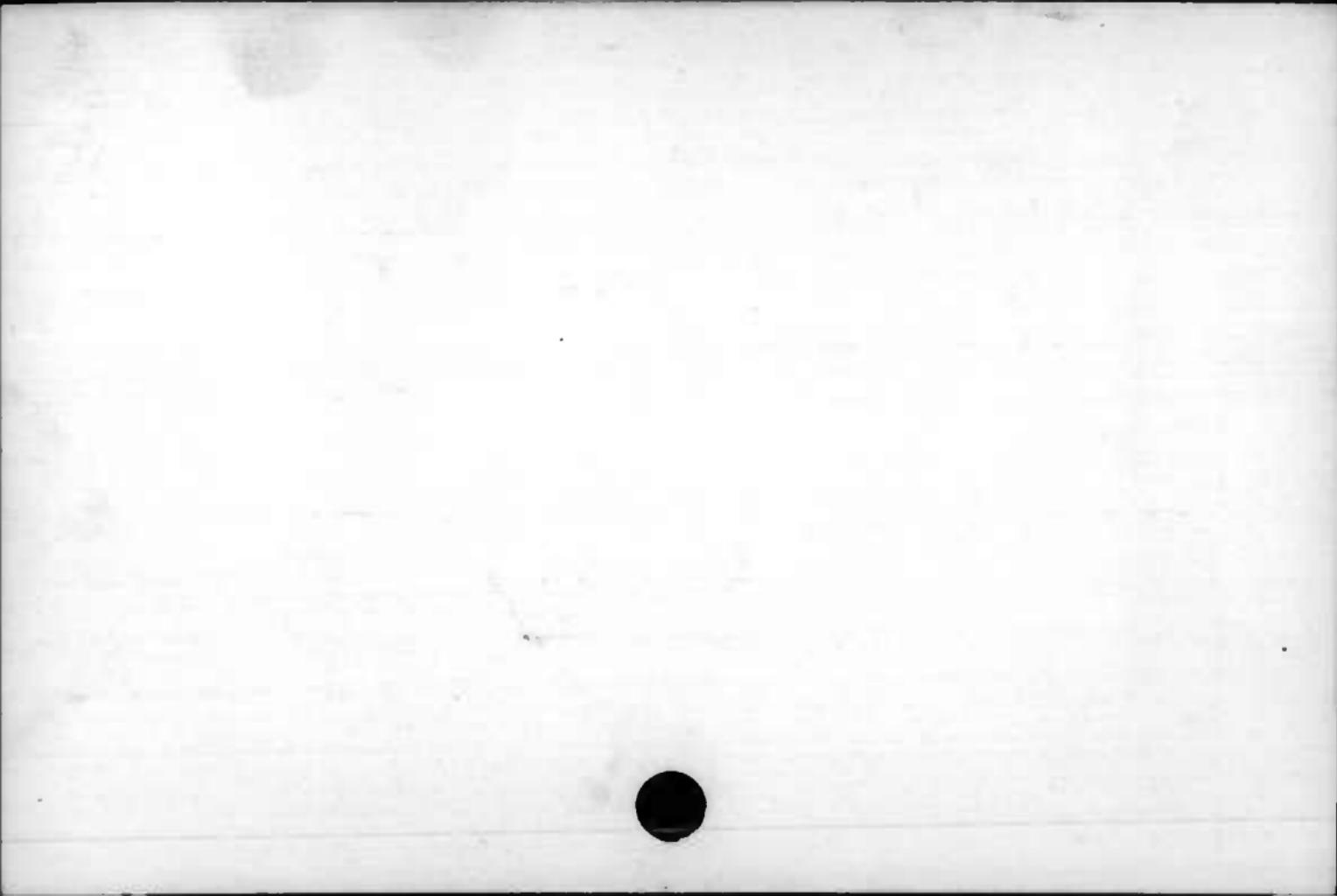
Address

J. E. Pittsogle

Hagerstown Md

Accident or Suicide?

How long saw broken
I don't know only
How long saw broken
I don't know only



Name
in
Full

Russell Paul Brown

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town <u>Ponsville</u>	County <u>Washington</u>	MARYLAND		
Date of death	Month <u>1905 June</u>	Day <u>4</u>	Years <u>3</u>	Months <u>10</u>	Days <u>14</u>
Sex	Color or Race <u>Male</u>	White	Birth- place <u>Smithsburg</u>		
Occupation	Where Residing if not at place of death <u>None</u>				
Married, Single or Widowed	<u>no</u>	Name of Wife or Husband			
Father's Name	<u>David C Brown</u>			Father's Birthplace	<u>not known</u>
Mother's Maiden Name	<u>Alice Green</u>			Mother's Birthplace	<u>Fayville</u>
Name of person giving Information	<u>D. C. Brown</u>			How related to deceased	<u>Husband</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER
J

Primary

Appendicitis



How long

Week

Immediate

Collapse

How long

Are the name, age, sex, color, date
and place correctly given above?

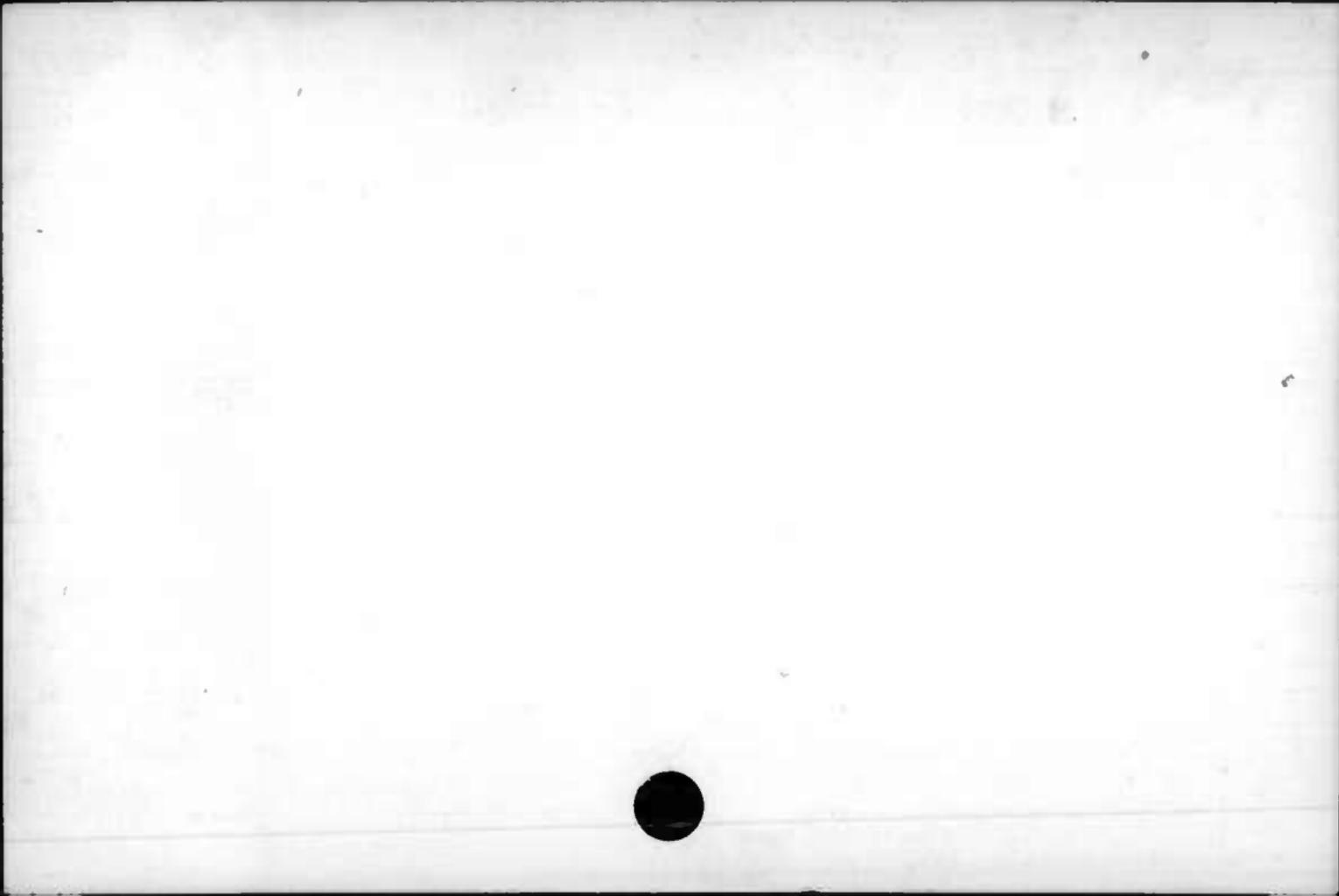
yes

Signature of
Physician

Address

J. L. Massie M.D.
Smithsburg Md.

Accident or Suicide?



Name
in
Full

Helen Amelia Rebecca Bussard

CERTIFICATE OF DEATH

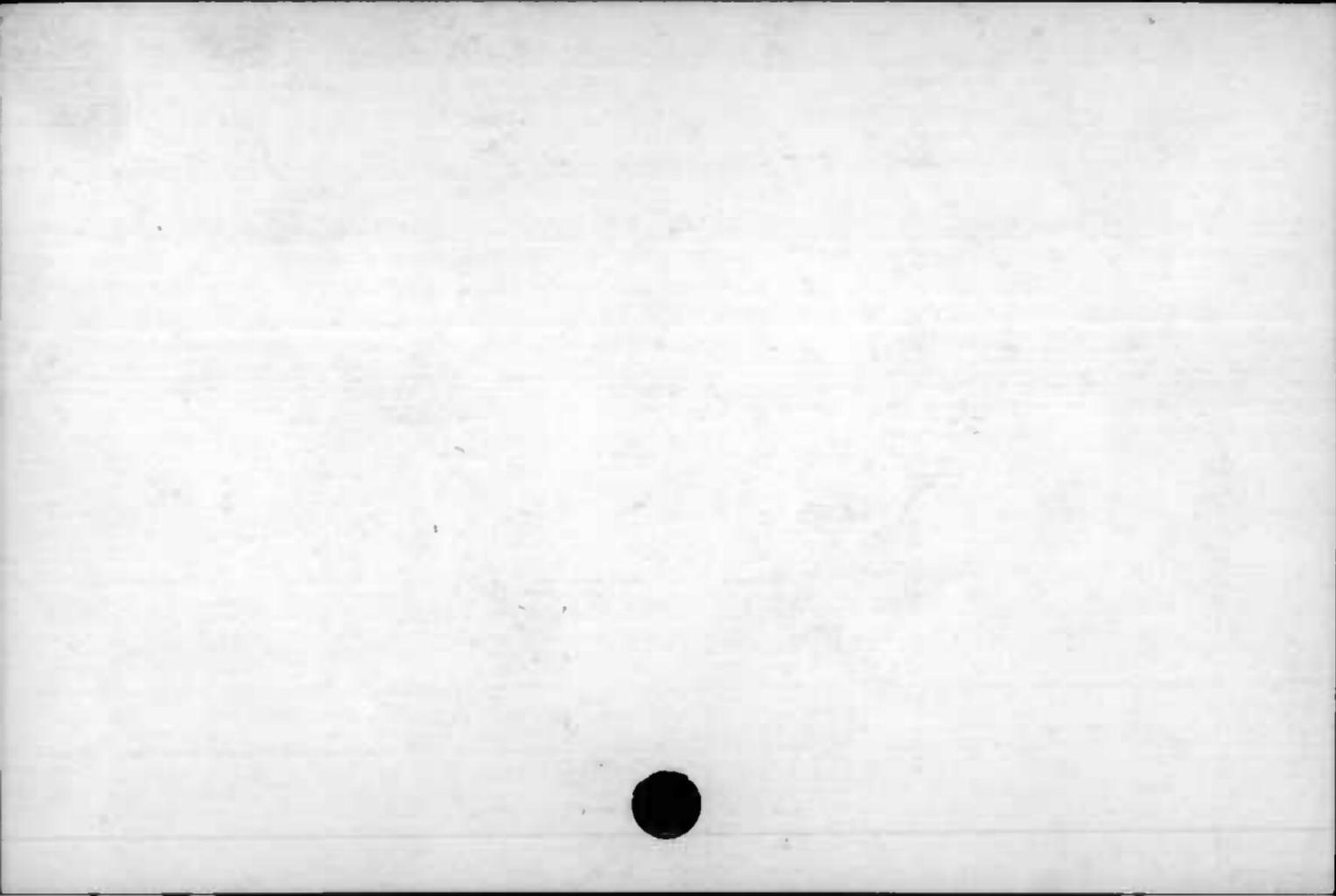
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1906	Month 6	Day 23	Years —	Months 4	Days 2
Sex Female	Color or Race white	Birth-place Md.			
Occupation:	Where Residing if not at place of death				
Married, Single or Widowed single	Name of Wife or Husband				
Father's Name Frank Bussard	Father's Birthplace Md.				
Mother's Maiden Name Nettie Showman	Mother's Birthplace				
Name of person giving information Frank Bussard	How related to deceased father.				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gastric Catarrh	Duration 3 months.
Immediate	Inanition	Duration 3 months.
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician Theo. Poole
		Address Hagerstown
Accident or Suicide?	Md	



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mrs. Elizabeth Sickl

CERTIFICATE OF DEATH

Died at Hagerstown

County

MARYLAND

Tow.

Month

Day

Years

Months

Days

190

5.

6

11

Age

87

2

7

Date
of death

Sex
female

Color or
Race

white

Birth-
place

Occupation

H. W.

Where Residing if not
at place of death

Married, Single
or Widowed

widow

Name of ~~Husband~~
Husband

George Sickl.

Father's
Name

Jacob Powles

Father's
Birthplace

Mother's
Maiden Name

NOT Known

Mother's
Birthplace

Name of person giving
Information

W. O. Sickl

How related
to deceased

soul.

CAUSES OF DEATH

Primary

(Curve)

How long

Immediate

Heart Disease

(No)

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

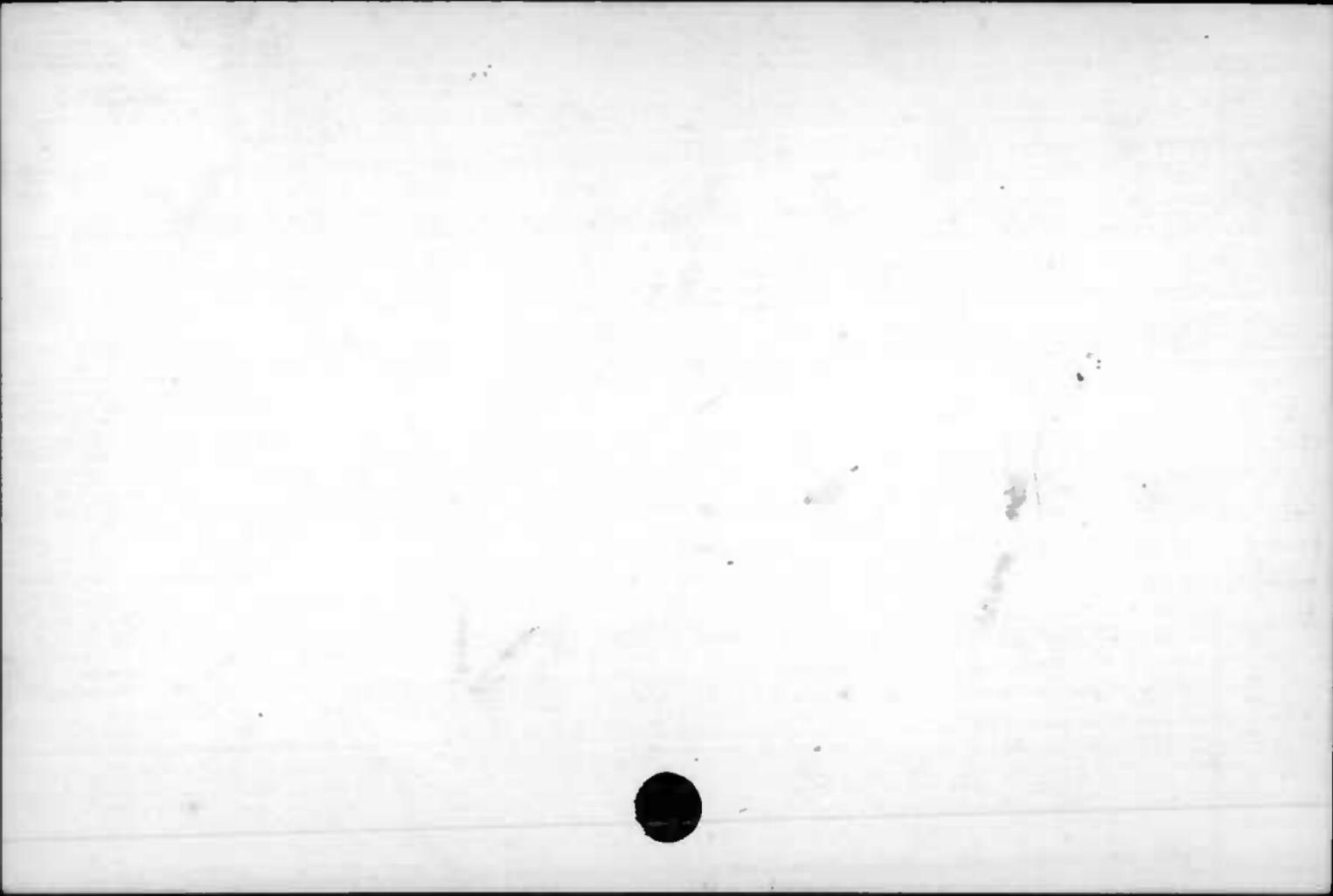
unknown

Address

W. O. Sickl

Hagerstown

Accident or Suicide?



Name
in
Full

Samuel Di-Novo

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Hagerstown		Washington				
Date of death	Month	Day	Years	Age	Months	Days
1905	6	6	28	28	0	0
Sex	Male	Color or Race	Italian		Birth- place	Italy.
Occupation	Fruit Dealer		Where Residing if not at place of death		Hagerstown.	
Married, Single or Widowed	Single	Name of Wife or Husband	—		Father's Birthplace	Italy
Father's Name	C. De-novo.		—		Mother's Birthplace	Italy
Mother's Maiden Name	Milay		—		How related to deceased	Brother
Name of person giving Information	Lionard De-novo		—			

CAUSES OF DEATH

Primary

Tuberculosis

How long

17yrs.

Immediate

Pneumonia

How long

Deceased

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

C.P. Scheerer

Address

Hagerstown, Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

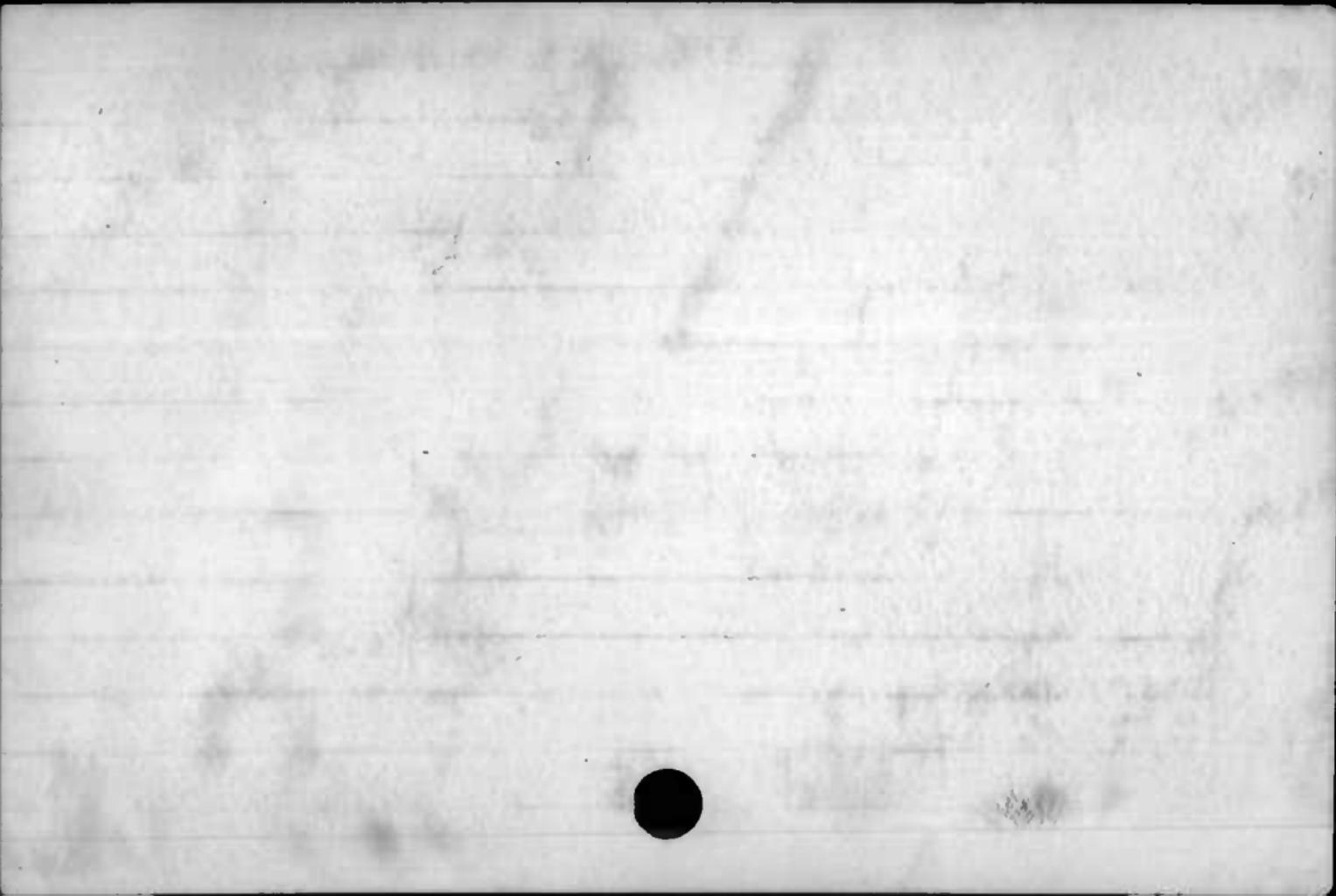
Martha Fockler

CERTIFICATE OF DEATH

Died at Lydia or near		Town Washington		County MARYLAND	
Date of death 1905	Month 6	Day 9	Years Age about 60 yrs	Months	Days
Sex Female	Color or Race White	Birth-place Washington co			
Occupation House work		Where Residing if not at place of death near Lydia			
Married, Single or Widowed Widow	Name of Wife or Husband Mrs George Fockler				
Father's Name Henry Lige				Father's Birthplace Washington co	
Mother's Maiden Name Not known				Mother's Birthplace Not known	
Name of person giving information Constance Smith				How related to deceased Daughter	

CAUSES OF DEATH

Primary Sarcoma of Jaw	How long 7 mos
Immediate Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician W.M. Reichard
	Address Fairplay,
Accident or Suicide?	



Name
in
Full

Susan Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Year	Months	Days
1905	6.	15	61	—
Sex	Color or Race	Birth-place		
Female	white	Maryland		
Occupation	Where Residing if not at place of death	Sharpsburg		
Married, Separated, or Widowed	Name of Wife or Husband			
Father's Name	Emanuel Litlow	Father's Birthplace	Maryland	
Mother's Maiden Name	Don't know	Mother's Birthplace	Don't know	
Name of person giving Information	James Shroyer	How related to deceased	Raised by deceased	

CAUSES OF DEATH

Primary

General debility

154

How long

For years

How long

Quite a while

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

V. Howell Boardman

Address

Sharpsburg - MD

Accident or Suicide?

PHYSICIAN
OR CORONER

Eugene Marker,
Underlaker,

01701 411 262

Name
in
Full

Elsie Catherine Grimm

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	State		
Died at Trago		Washington	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1905-8	6	13	1	10	13
Sex	Color or Race	Age	Birth-place		
Female	White	1	Trago		
Occupation	Where Residing if not at place of death				
None	Trago*				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Harmon Grimm	Father's Birthplace	Robersonville		
Mother's Maiden Name	Etta M Huntsberry	Mother's Birthplace	Boonsboro		
Name of person giving information	Harmon Grimm	How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

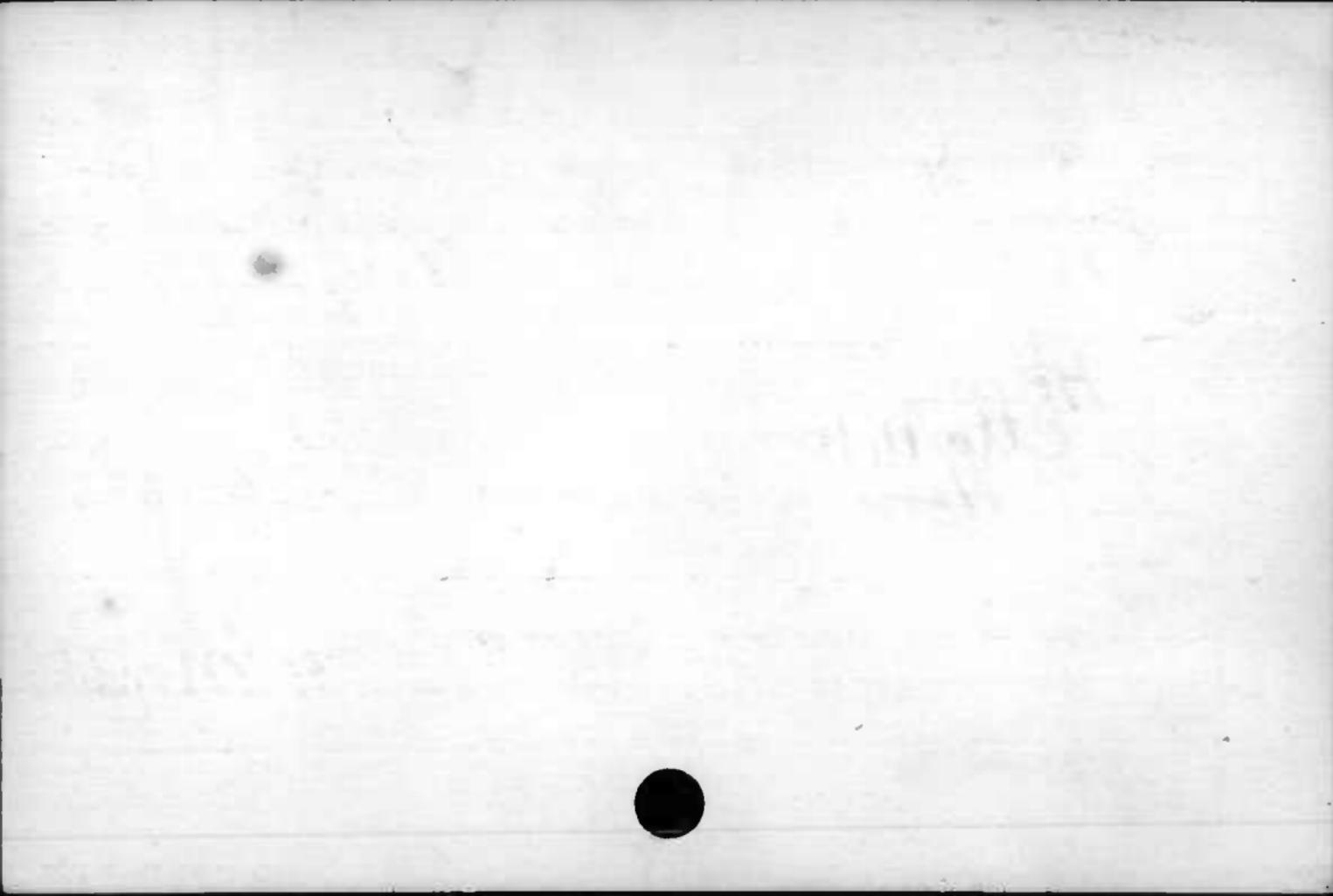
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Dora Virginia Gunnells.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1905	Month June	Day 25	Years 12	Months 9	Days 17	
Sex	Female	Color or Race	White		Birth-place	Hancock Md.	
Occupation	None	Where Residing if not at place of death			Died at Home.		
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	John H. Gunnells.		Father's Birthplace			Fulton Co Pa.	
Mother's Maiden Name	Margret A. Grunthal.		Mother's Birthplace			Hancock Md.	
Name of person giving information	John H. Gunnells.		How related to deceased			Father.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	(93)	How long	3 weeks
Immediate	Aphrodisia		How long	1 hour
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	L. A. West
			Address	Hancock
Accident or Suicide?		No		

Dr. J. A. West

Name in Full

Certificate of Death

William Hammel Still Born
 Town Hagerstown County Washington MARYLAND

Died at

Date 1903

Month June

Day 29

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Edward Hammel

Mother's

Name

Bertha Hammel

How long sick

Cause of

Primary

Still Born S

Death

Immediate

Accident, Suicide, Homicide

Reported by

S W Hammel MD

Address

Hagerstown Washington Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Town	County	MARYLAND
Died a	Age	Months
Date of death	Years	Days
Month	Day	26
Sex	Color or Race	Birth-place
Occupation	Where Residing if not at place of death	nd
Married, Single or Widowed	Name of Wife or Husband	
Father's Name	Walter Harrison	Ac
Mother's Maiden Name	P. Forence Key	nd
Name of person giving Information	Walter Harrison	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Malnutrition, Tom's chick

How long

since birth

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Oscar Ragan
Washington MD

Accident or Suicide?

Haystower

Name
in
Full

Elouise Russell Hock

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	White	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

Hagerstown
1908 6 3 — 7
Male
Occupation
Married, Single or Widowed
Name of Wife or Husband
Father's Name
Mother's Maiden Name
Name of person giving information

Jesse Hock
Annie Jones
Jesse Hock
Pa
- Pa
Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Spina Bifida		How long
Immediate	Meningitis		50 —
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	How long
		M Morrison	3 days.
		Address	Hagerstown Md
Accident or Suicide?	No.		

Shylock

Name
in
Full

Maria Hoffman

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at Town

Town

County

Washington

MARYLAND

Date of death Month Day Years Months Days

1905

June

21

Years

73

Months

Days

Age

Age

73

Sex

Female

Color or Race

white

Birth-place

Dowmerville

Occupation

Housewife

Where Residing if not
at place of death

Married,
Widowed

Name of Husband

Benjamin Hoffman

Father's Name

David Neistrik

Father's Birthplace

Wash Co

Mother's Maiden Name

Susan Gay

Mother's Birthplace

Wash Co

Name of person giving information

E. P. Bline

How related to deceased

Son-in-law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

six months

Immediate

Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

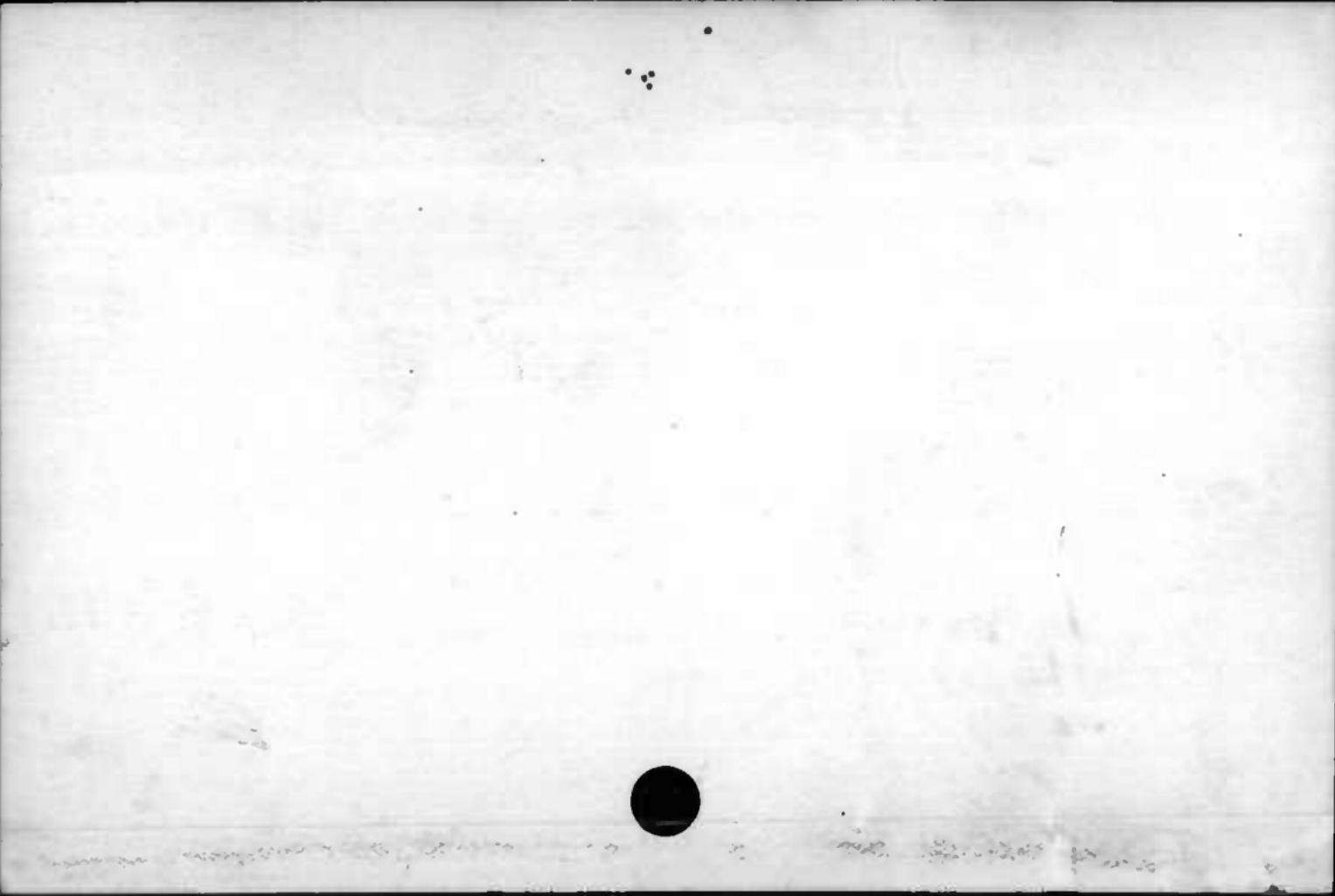
Dr. S. T. Goshen

Address

Williamsport - Md.

✓

Accident?



Name
in
Full

Mrs Mary Shue

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND		
Died at Hagerstown	Washington	Month	Years	Months
Date of death 1905	6	Day 5	Age 58	Days
Sex Female	Color or Race White	Birth-place Ind		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name Hugo Shue	Father's Birthplace Germany			
Mother's Maiden Name Sont Kusow	Mother's Birthplace Germany			
Name of person giving information Mary Shue	How related to deceased Daughter			

CAUSES OF DEATH

Primary

Paralysis

How long 2 days.

Immediate

Biliousness Ordained

How long 66

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Accident or Suicide?

Address

Mormon
Hagerstown Md.

PHYSICIAN
OR CORONER

Hogslawn

Name
in
Full

Malinda Anne Jackson No 350

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month June	Day 13	Years 79	Months 3	Days 0
Sex Woman	Color or Race White	Birth-place Middletown Md			
Occupation House wife	Where Residing if not at place of death				
Married, Single or Widowed Widowed	Name of Wife or Husband Malinda A Jackson	Father's Birthplace Maryland			
Father's Name William Lancaster	Mother's Maiden Name Harlette Lucas	Mother's Birthplace Delaware			
Name of person giving information Mrs A Garrett	How related to deceased Mother-in law				

CAUSES OF DEATH

Primary	3 years failure	✓ 199	How long 6 months
Immediate	"		How long 3 or days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

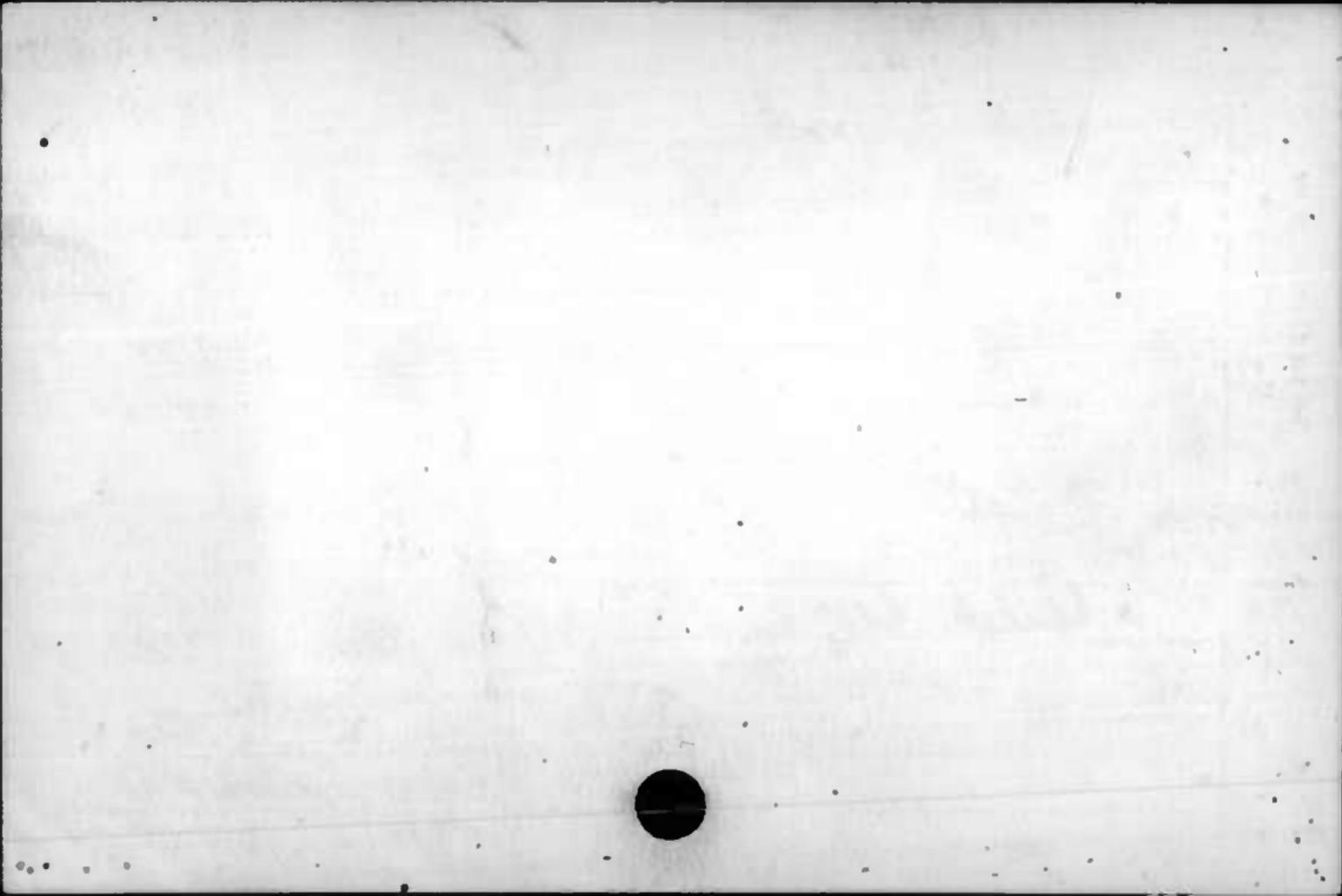
Williamsport

Signature of Physician

S.K. Snively

Accident or Suicide?

Address Maryland



Name
in
Full

William Jones

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1905	June	22	Age 86	10	
Sex	Color or Race	White	Birth-place	Maryland	
Occupation	Laborer		Where Residing if not at place of death	Weserville	
Married, Single or Widowed	Name of Wife or Husband				
Widower	Garry & Jones				
Father's Name			Father's Birthplace	Md	
Mother's Maiden Name	Beoskey		Mother's Birthplace	and	
Name of person giving information	John Walker		How related to deceased	Son in Law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Old Age

114

How long

Immediate

General Debility

How long

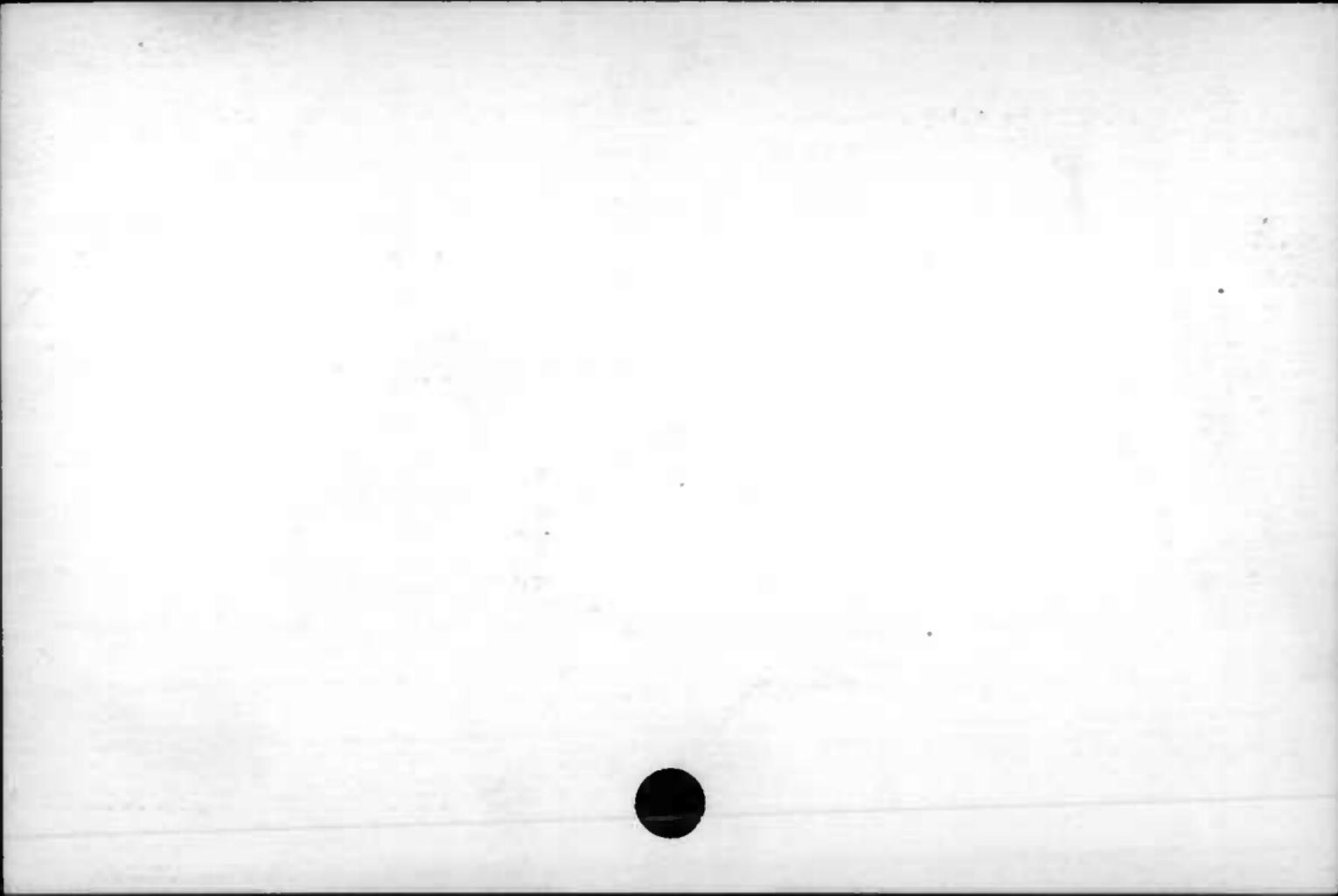
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

S. S. Davis
Boonsboro
Md

Accident or Suicide?



Name
in
Full

Mary Isood Keller

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1905	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	J. Edgar Keller			Father's Birthplace	md
Mother's Maiden Name	Mary Rowe			Mother's Birthplace	"
Name of person giving Information	J. Edgar Keller			How related to deceased	father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

S.

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

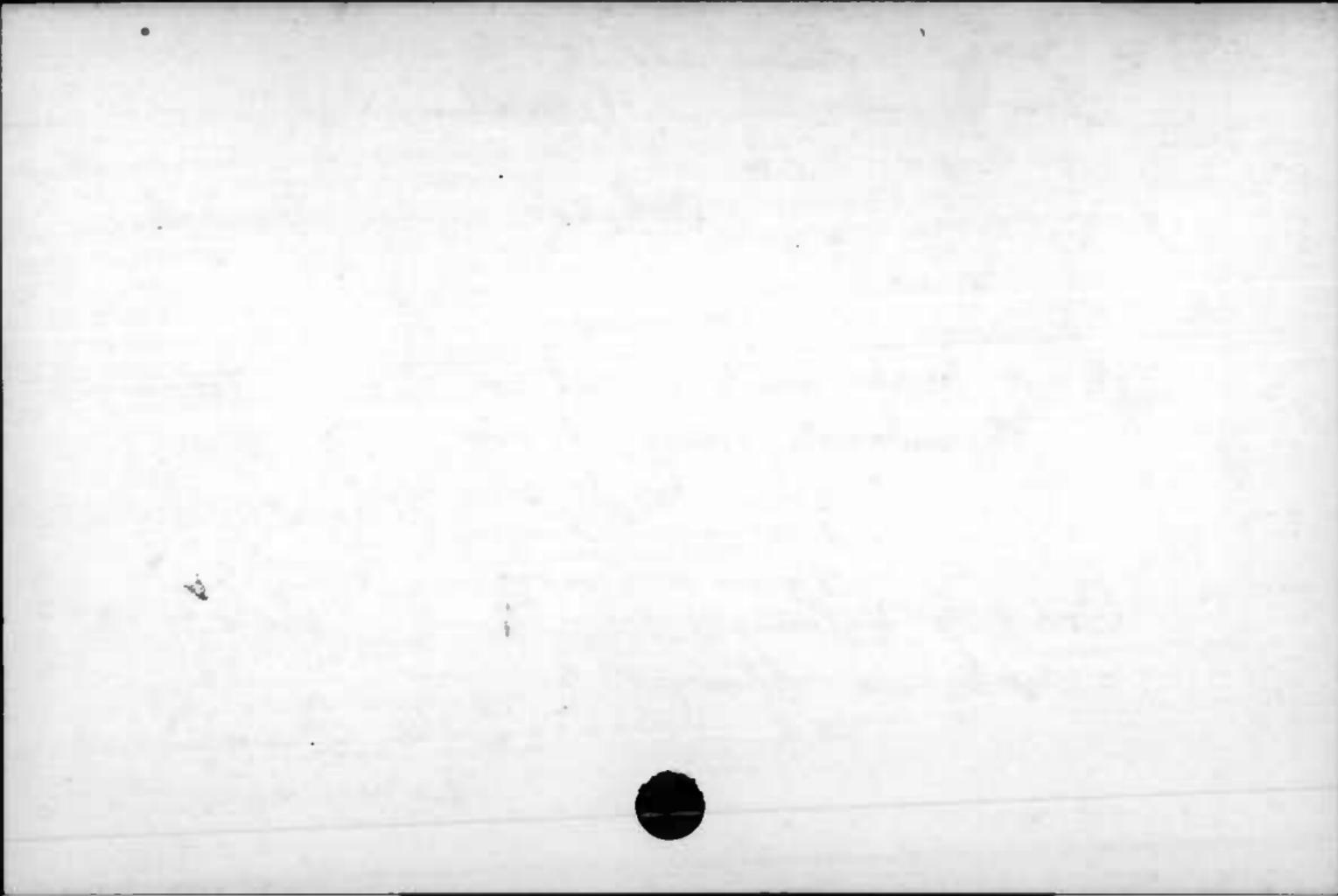
Signature of Physician

V. M. Reichard

Accident or Suicide?

Address

Fairplay,
Md.



Name
in
Full

Hermann Kempf.

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Sharpstown	own	County	MARYLAND	
Date of death	1906	Month 6.	Day 24	Years 64.	Months 7.
Sex	Males	Color or Race	white	Birth-place	Maryland
Occupation	~~~~~			Where Residing if not at place of death	Sharpstown
Married, Single or Widowed	~~~~~			Name of Wife or Husband	~~~~~
Father's Name	George Kempf			Father's Birthplace	Maryland
Mother's Maiden Name	Maria Mc Coy.			Mother's Birthplace	"
Name of person giving information	James Kempf			How related to deceased	Brothers

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Atrial Sclerosis with Heart Failure	droopy	How long	Several years
Immediate	Heart Failure	How long	2 short time	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. Howell Boardman	
		Address	Sharpstown MD	
Accident or Suicide?				

Eugene Markers
Undertakes

Name
in
Full

William Kindel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		William Kindel			
Father's Name	William Kindel		Father's Birthplace			orionne
Mother's Maiden Name	Rosiey Bowers		Mother's Birthplace			11
Name of person giving information	Abraham Kindel		How related to deceased			Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis

How long

1 year.

Immediate

Paralysis + General Dility

How long

5 days

Are the name, age, sex, color, date and place correctly given above?

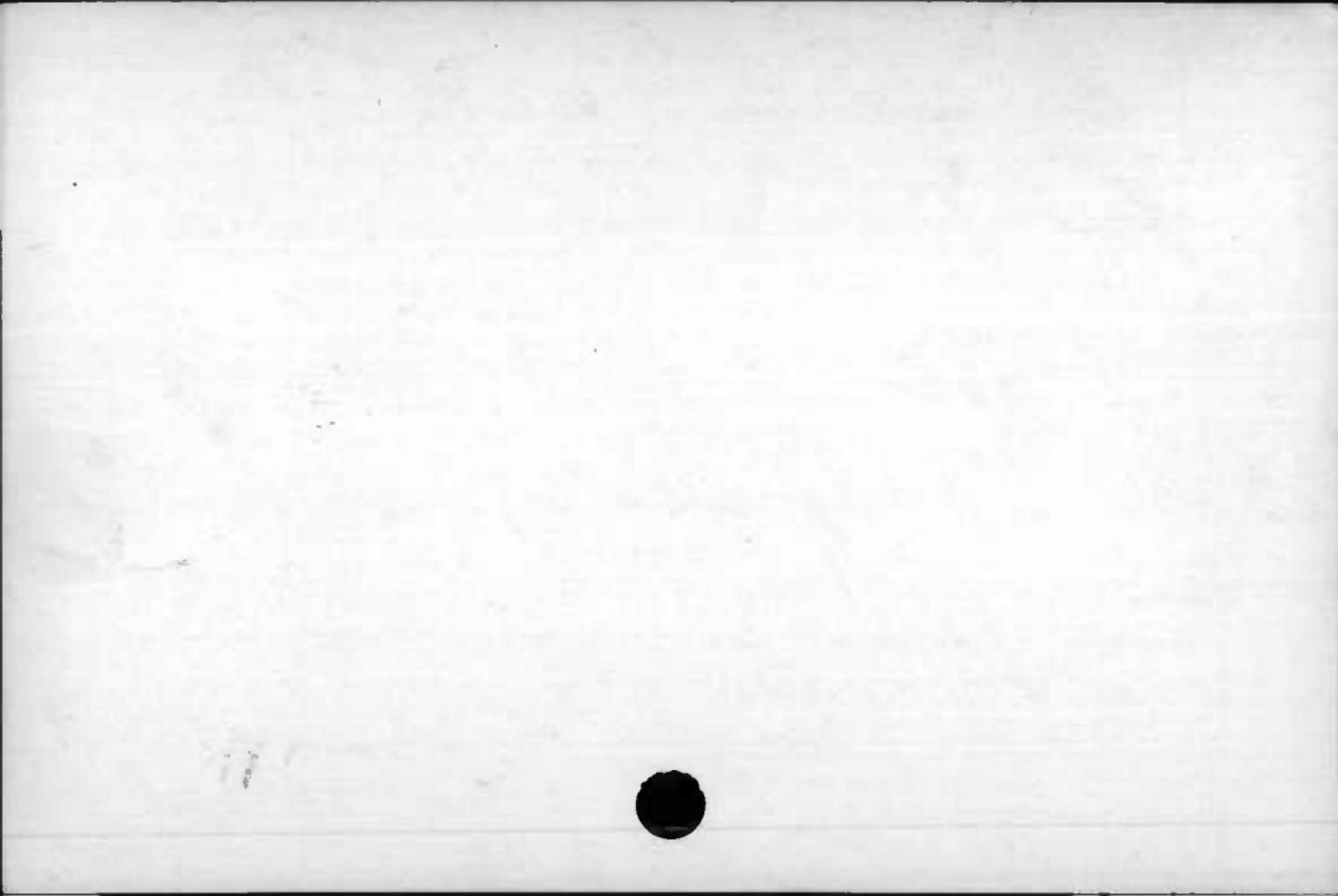
yes

Signature of Physician

Address

J. Z. Farber
Md.
co

Accident or Suicide?



Name
in
Full

H. Raymond Kinder Jr

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
1905	June	12	Age 21
Sex	male	Color or Race	Boonsboro
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Pa
Father's Name	Aud. Raymond Kinder	Mother's Birthplace	Pa
Mother's Maiden Name	Unifred Grace Slover	How related to deceased	
Name of person giving information			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Conges of. lungs

How long

Boonsboro

Immediate

Imp. Aviation

How long

Are the name, age, sex, color, date and place correctly given above?

yes

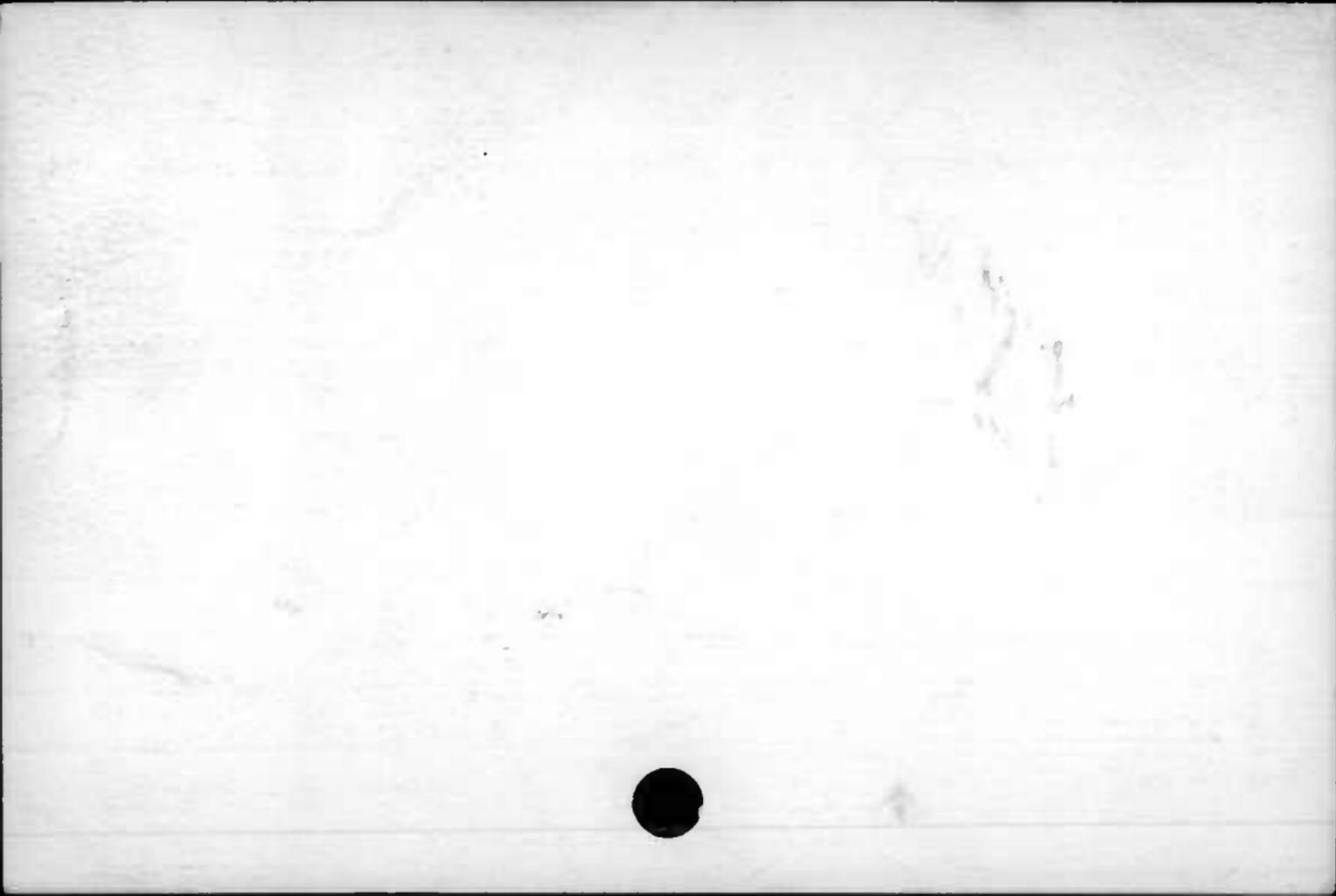
Signature of Physician

S. S. Davis

Address

Boonsboro
Md.

Accident or Suicide?



Name
in
Full

Arthur Dewey Knuble No 253

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Wmst	Washington		
Date of death	Month	Day	Years
1905	June	29	5
Age	Months	Days	
	11-	25	
Sex	Color or Race	Birth-place	
Male	White	Wmst Ma	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	John A. Knuble		
Mother's Maiden Name	Annie E. Lichten		
Name of person giving information	Wm A. Knuble		
Father's Birthplace	Wmst Ma		
Mother's Birthplace	Pa		
How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Strangling
Asphyxiated

How long

Simple hang
Dustab

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

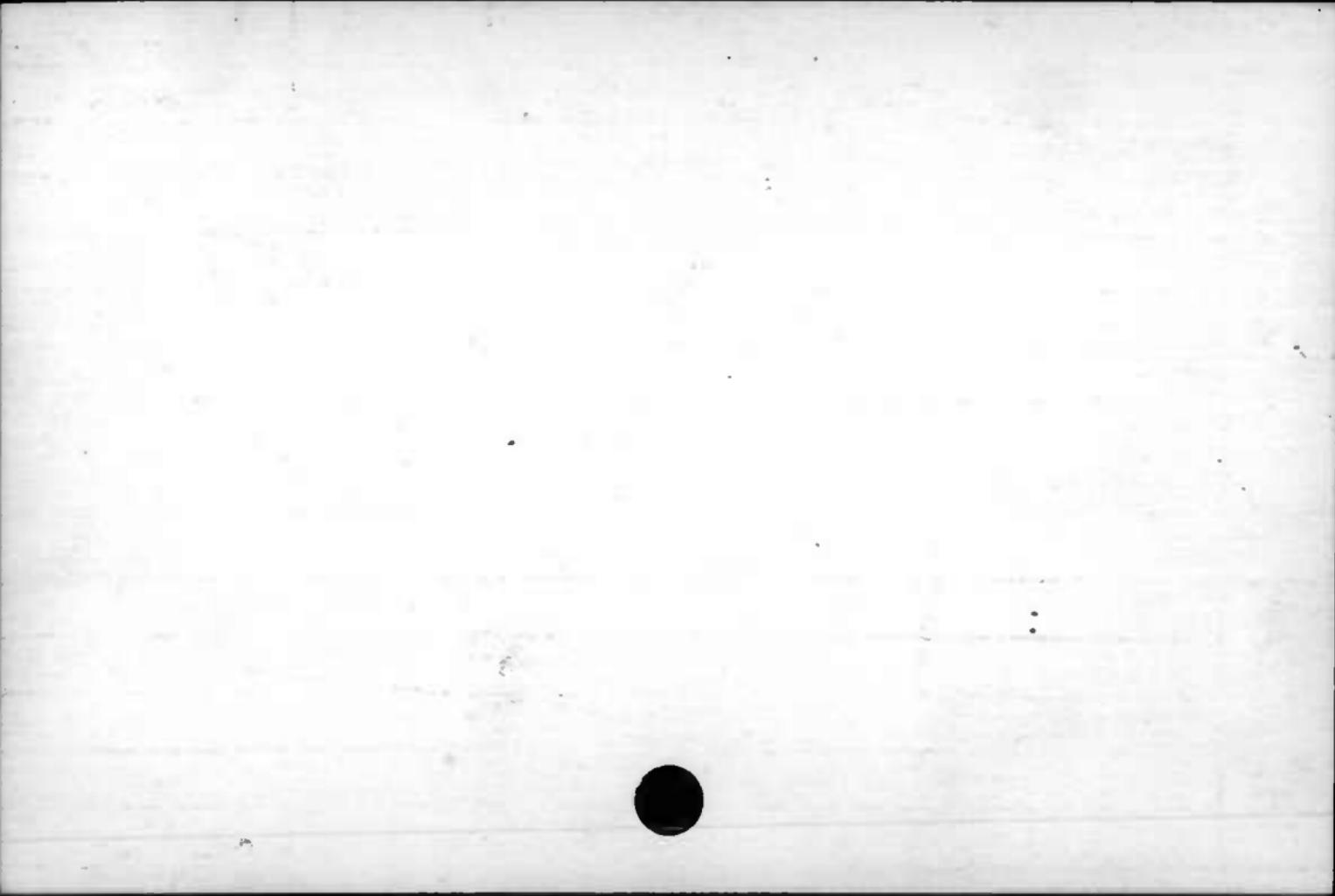
J. M. Witz

Millwood
Md

Address

Accident or Suicide?

Accident



Name
in
Full

Chas Andrew Knuble No 254

CERTIFICATE OF DEATH

To BE ANSWERED BY .

NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1905	Month June	Day 29	Years 10	Months 8	Days 19	
Sex Male	Color or Race White	Birth-place Washington Co				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	John A. Knuble					
Mother's Maiden Name	Annie E Lichten					
Name of person giving information	John A. Knuble					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Brachyponer
Asphyxiation

How long

Cupidulum
Instant-

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

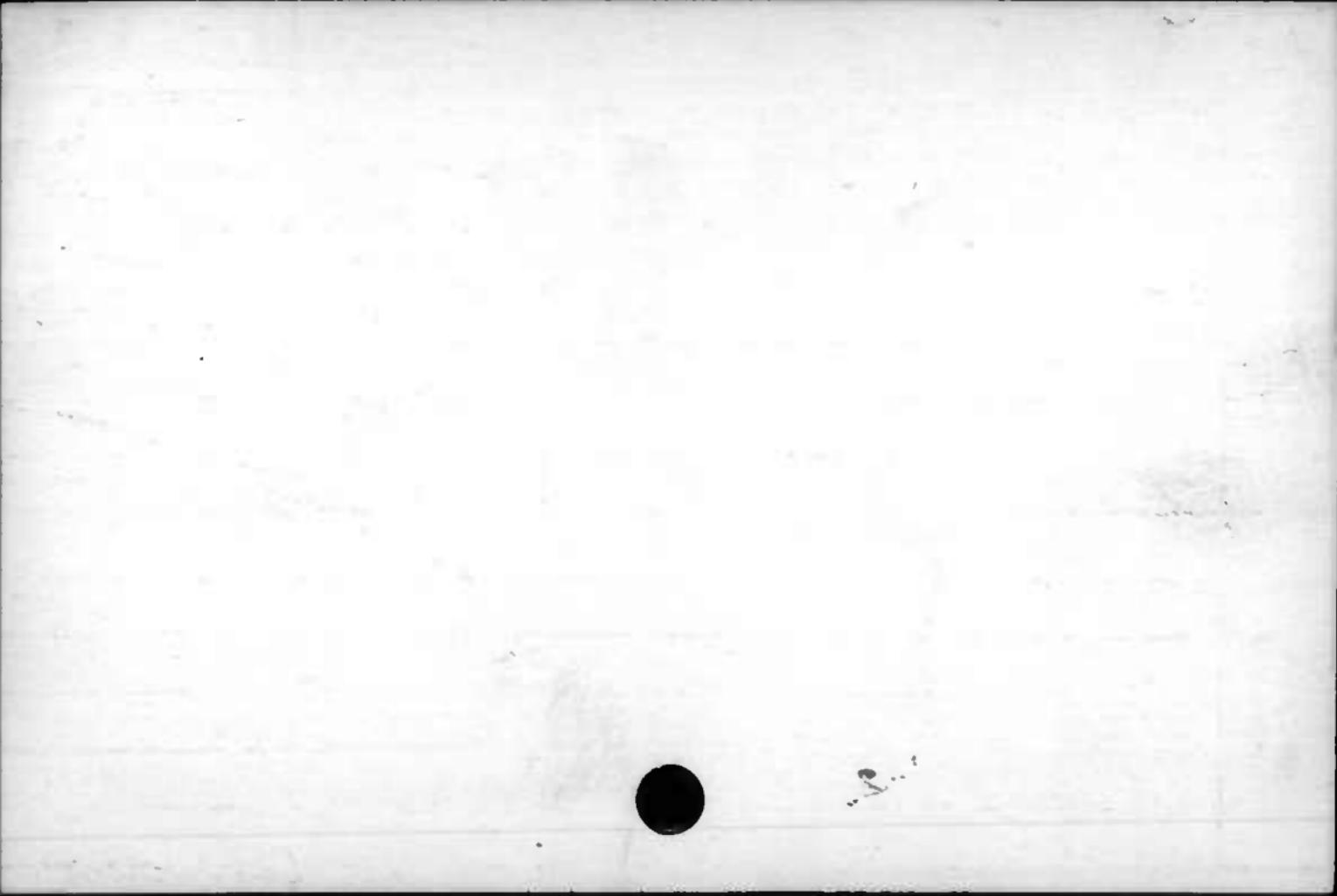
Signature of Physician

Address

J. M. Wirt
Williamsport
Md.

Accident or Suicide?

accident



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Charles S Lash				CERTIFICATE OF DEATH			
Died at Hagerstown		Town Washington		County		MARYLAND	
Date of death 1905	Month 6	Day 30	Age 53	Years	Months	Days	16
Sex Male	Color or Race White		Birth-place Pa				
Occupation Music Dealer	Where Residing if not at place of death Alice T. Lash						
Married, Single or Widowed Married	Name of Wife or Husband Alice T. Lash		Father's Birthplace don't know				
Father's Name	John Lash		Mother's Birthplace				
Mother's Maiden Name	Catherine Burr		How related to deceased				
Name of person giving information	Alice T. Lash						

CAUSES OF DEATH

Primary

Chronic Myocarditis

How long

2 yrs.

Immediate

Dilatation Pulmonary Edema

How long

1 hour

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

M Mormon

Address

Hagerstown Md.

Accident or Suicide?

No

Lansburg Pa

Name
in
Full

Elizabeth. M. G. after Reed CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Dey's	
Sex	Color or Race	Age	23	5	36	
Occupation	Where Residing if not et place of death			Mercersburg Pa.		
Married, Single or Widowed	Name of Wife or Husband	Thomas. M. G. after			Father's Birthplace	Not known
Father's Name	John Reed.			Mother's Birthplace	" "	
Mother's Maiden Name	Mary Ann. Krom.			How related to deceased	Grand Daughter	
Name of person giving information	Ella May M. G. after					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Dysentery

How long

✓ weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Dr P. E. Stigers.

Name
in
Full

David H. Martin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Place Died at		Town	County		MARYLAND		
Date of death 1905-		Month June	Day 3	Years 56	Months 0	Days 20	
Sax	Male	Color or Race	white		Birth- place	Maryland	
Married, Single or Widowed	Married		Occupation		Farmer		
Name of Wife or widow	Mary L Horst						
Father's Name	Jacob Martin						
Mother's Maiden Name	Elizabeth Horst						
Name of person giving Information	Peter H. Martin						

CAUSES OF DEATH

Primary

Chronic Gastritis

How long

Six months

Immediate

Nervous Exhaustion

How long

—

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

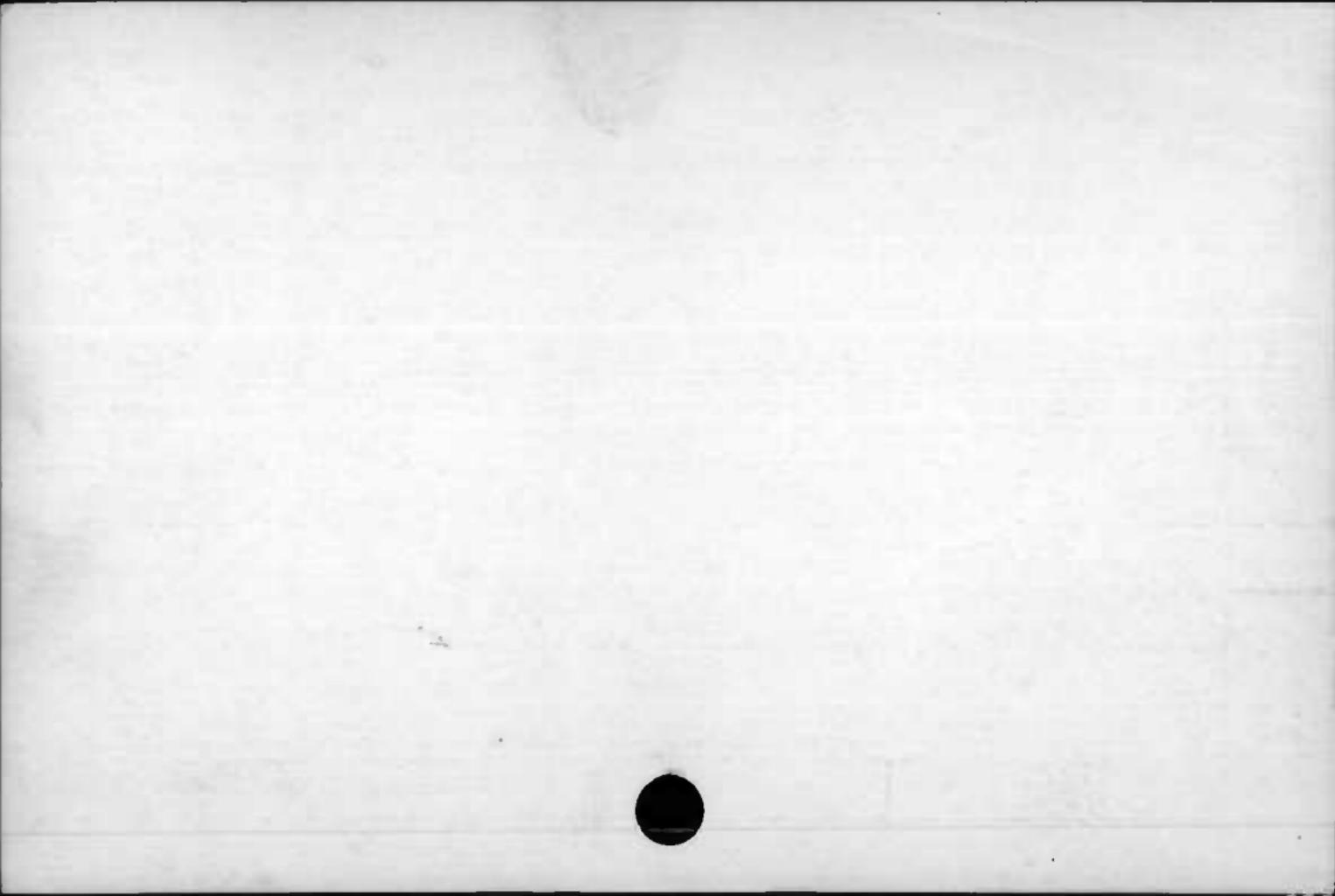
Yes

Signature of
Physician

D.C. Miller M.D.
Major & Dixon, Pa.

Address

Accident or Suicide? —



Name
in
Full

Kearlene F Mason

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Munths	Days
1905	June	15	5	3	15
Sex	Female	Color or Race	White	Birth-place	Hagerstown
Occupation	—	Where Residing if not at place of death			60 Madison ave
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Ch F Mason	Father's Birthplace	Penns		
Mother's Maiden Name	Effie R Seigman	Mother's Birthplace	Not		
Name of person giving information	Ch F Mason	How related to deceased	father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculous Meningitis		How long	3 weeks
Immediate	Cardiac Failure		How long	2 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	B. M. Dayawan	
		Address	Hagerstown, Md.	
Accident or Suicide?	No.			

Rose hill

6/15

Name
in
Full

Mary Elizabeth Miller

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1905:	Month	Day	Years	Months	Days
Sex	Female	Color or Race	71	1	17
Occupation	Servant		Where Residing if not at place of death		
Married, Single or Widowed	Widow		Name of Wife or Husband		
Father's Name	Master Miller		Father's Birthplace	Maryland	
Mother's Maiden Name	Surgery Snood		Mother's Birthplace	Maryland	
Name of person giving information	Etta Bayers		How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

A complication of non-contagious disease

How long

Fun years

How long

Immediate

Strangulation

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Death by strangulation
strangling me

Accident or Suicide?

No.

Brunig. Bart

Name
in
Full

Lyda Ann Rebecca Myers

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town Mt. Carmel	County Washington	State Maryland
Date of death	Month 1905	Day 6	Years 78
Sex	Color or Race Faymala	Age 75	Months 7
Occupation	House Wife	Birth- place Mt. Carmel	Days 20
Married, Single or Widower	Name of Wife or Husband Conrad Faymala	Spouse Conrad Myers	Father's Birthplace Middletown
Mother's Maiden Name Mary M Smith			Mother's Birthplace
Name of person giving Information	Ella Myers		How related to deceased Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Maleignant Jan disease

How long

6 months

Immediate

Exhaustion

How long

3 months

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

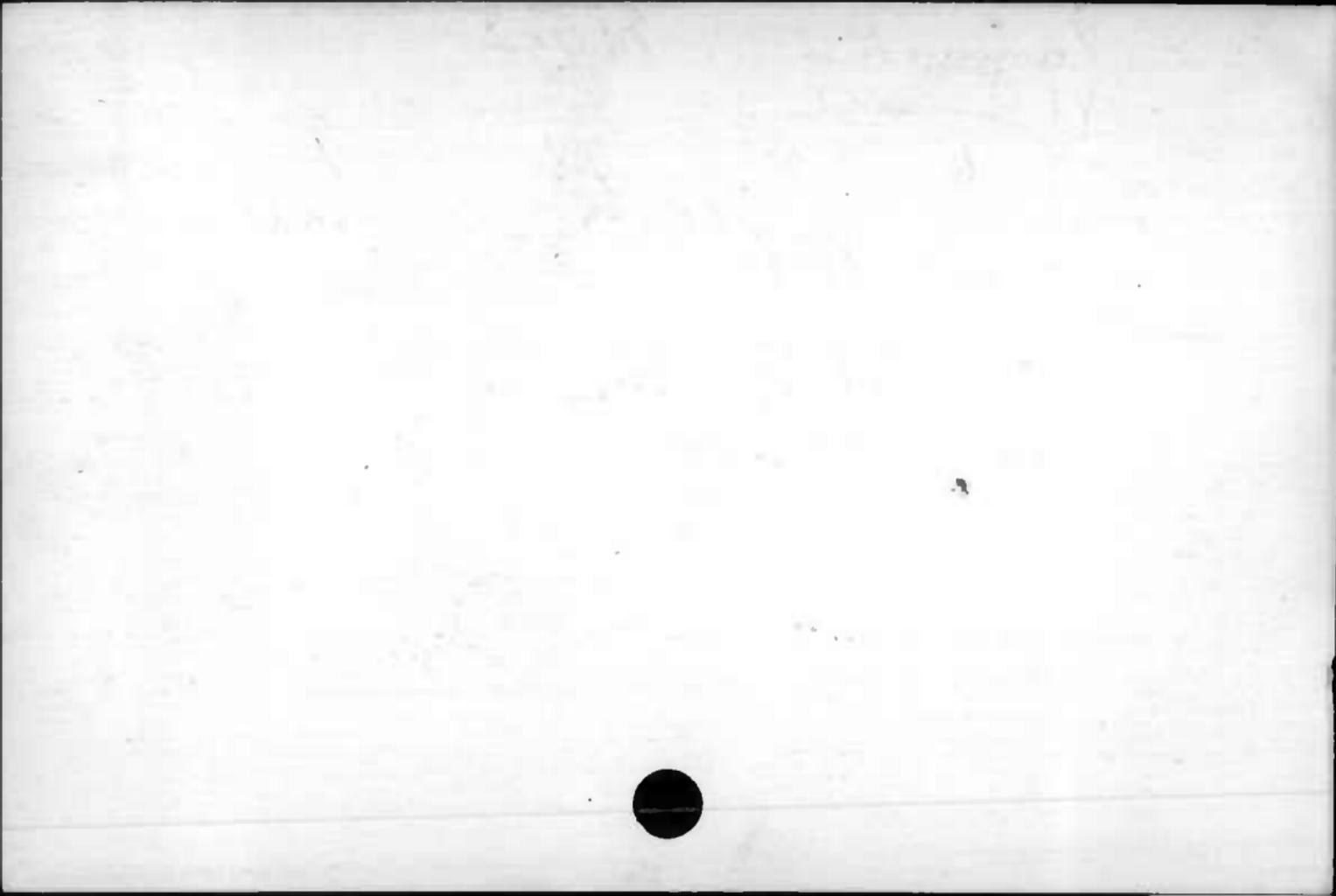
Address

H. M. Nichiser

Kedysville

Md

Accident or Suicide?



Name
in
Full

Leroy Preston Nicholas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Leroy Nicholas	Father's Birthplace			
Mother's Maiden Name	Bessie Baker	Mother's Birthplace			
Name of person giving information	Leroy Nicholas	How related to deceased			
CAUSES OF DEATH					
Primary	Premature birth				
Immediate	Caused by a fall down stairs				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long		
		Address	How long		

PHYSICIAN
OR CORONER

Yes

W. P. Simon Miller

Hagerstown Md

Accident or Suicide?

Jacob M. Mill
Russell -

Name
in
Full

Naum Nicoli

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Dam No 6 on Choptank River ^{of Ohio and Copley County}

MARYLAND

Date of death	Month	Day	Years	Munths	Days
1905	June	13	Age 21	-	-

Sex	Male	Color or Race	White	Birth-place	Italy
-----	------	---------------	-------	-------------	-------

Occupation	Where Residing if not at place of death
------------	---

Married, Single or Widowed	Name of Wife or Husband
----------------------------	-------------------------

Father's Name	Naum Nicoli	Father's Birthplace	Italy
---------------	-------------	---------------------	-------

Mother's Maiden Name	Mother's Birthplace
----------------------	---------------------

Name of person giving information	Interpreter	How related to deceased
-----------------------------------	-------------	-------------------------

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Not Known

How long

How long

Immediate

3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

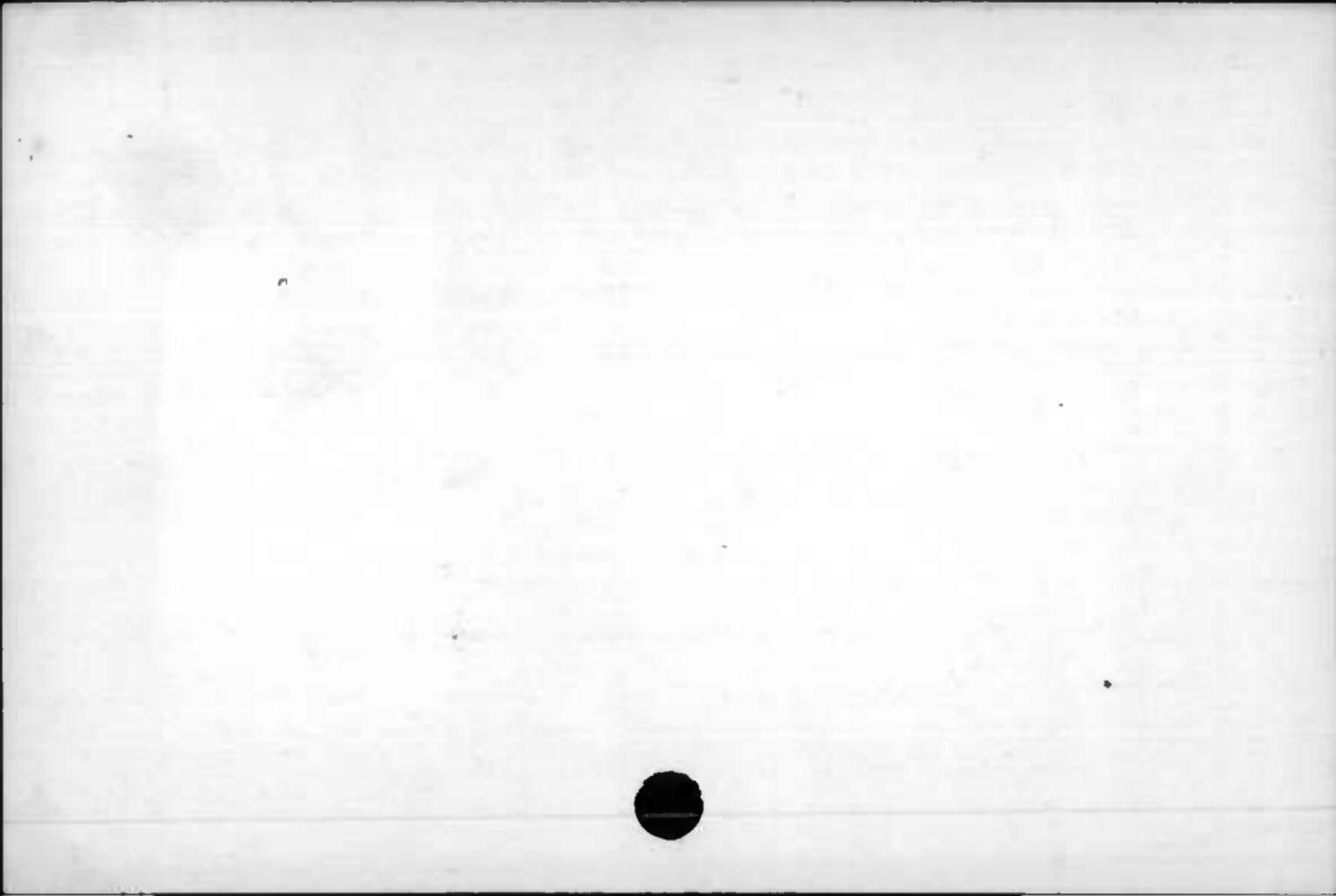
Address

Martin Jenkins

70 Anne Street

Accident or Suicide?

Undertaker M -



Name
in
Full

Helen B. Pierce

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Hagerstown		Town	County Washington		MARYLAND	
Date of death 1905	Month 6	Day 27	Years -	Months -	Days 7	
Sex Female	Color or Race white	Birth-place Md.				
Occupation child	Where Residing if not at place of death					
Married, Single or Widowed single	Name of Wife or Husband					
Father's Name William Pierce	Father's Birthplace Md.					
Mother's Maiden Name Emma B. Potts	Mother's Birthplace					
Name of person giving information William Pierce	How related to deceased father.					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Premature Birth

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

How long

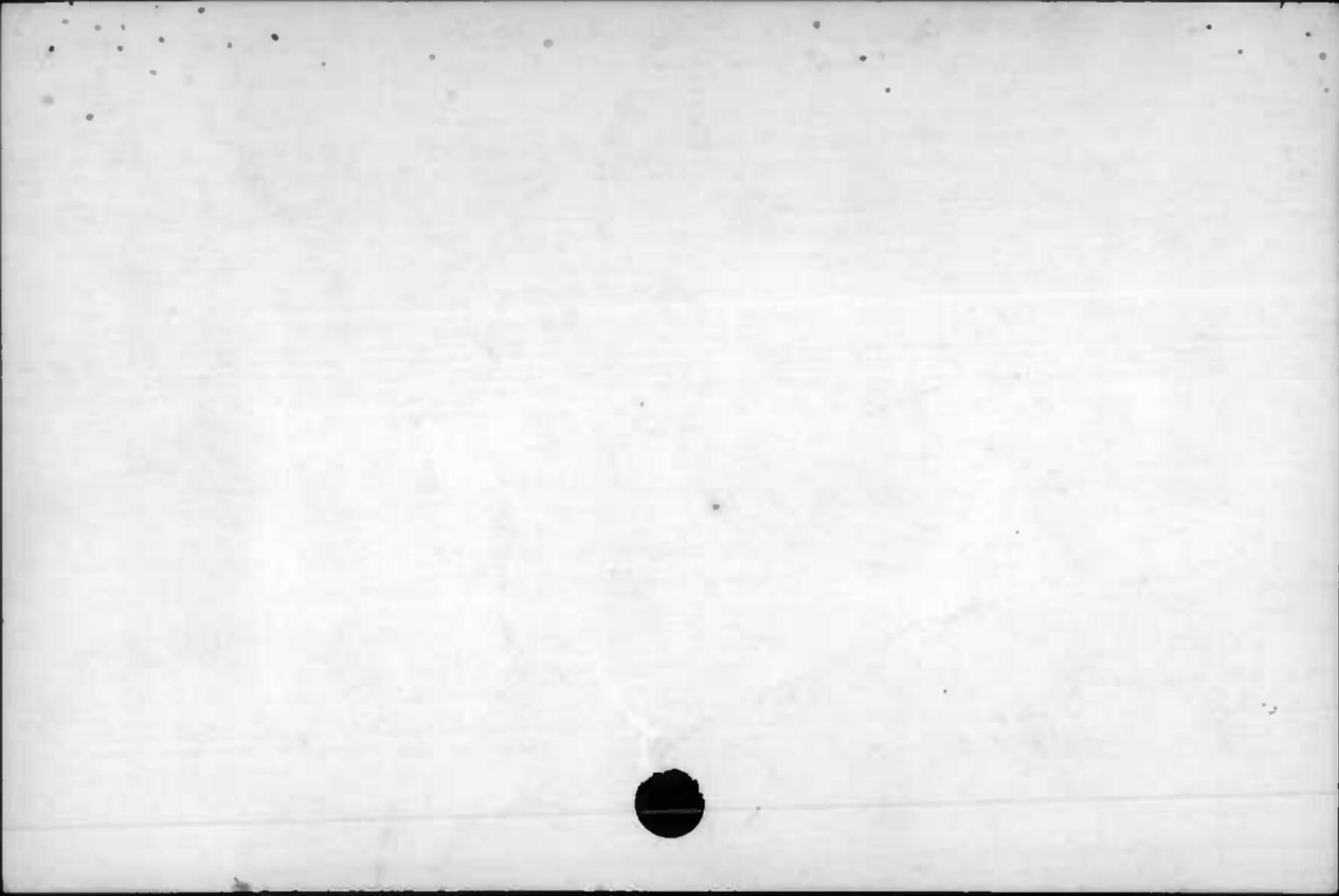
Yes

Signature of Physician

Address

Chas B. Bogle
Hagerstown
Md.

As a true statement



Name
in
Full

Jacob B Poffenbarger

CERTIFICATE OF DEATH

State
MARYLAND

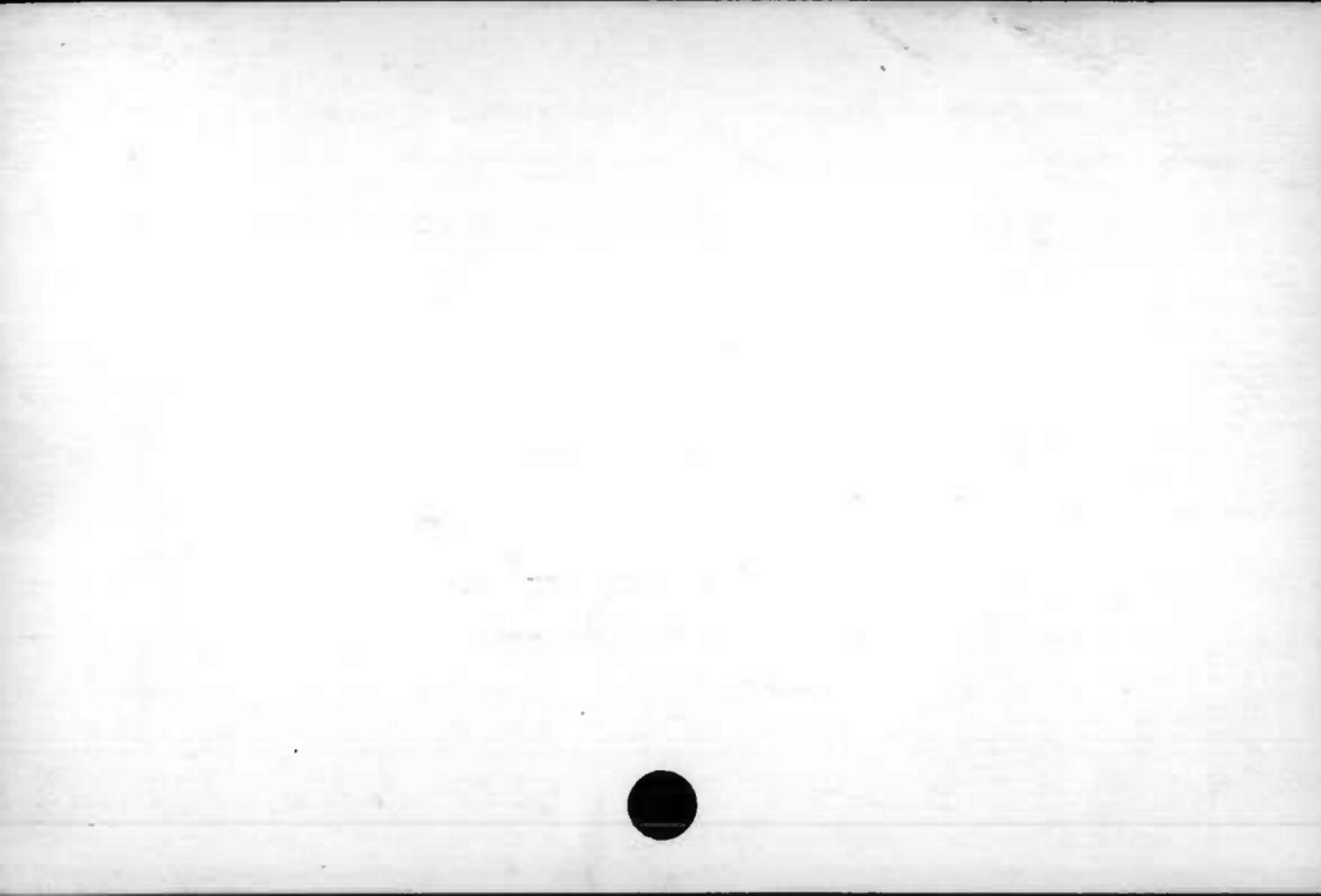
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	
Locust-Grove	Washington		
Date of death	Month	Day	Years
1905	6	20	Age 41
Sex	Color or Race	Birth-place	Months Days
Male	White	Locust-Grove	3 3
Occupation	Where Residing if not at place of death		
Farmer	Locust-Grove		
Married, Single or Widowed	Name of Wife or Husband		
Single	Alice Poffenbarger		
Father's Name	Father's Birthplace		
Josiah Poffenbarger	Rohinsville		
Mother's Maiden Name	Mother's Birthplace		
Mary Eliza Dick	Ohio		
Name of person giving information	How related to deceased		
Josiah Poffenbarger	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gun shot wound of abdomen.	
Immediate	Hemorrhage, Shock.	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
J. Hubert Wade, M.D. Berea, Ind.		
Accident or Suicide?		



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John H. Rauth				CERTIFICATE OF DEATH			
Died at		Town	County	MARYLAND			
Date of death	1905	Month	Day	Years	Month	Day	
Sex	male	Color or Race	white	Age	49	8	8
Occupation	Shoe-maker	Where Residing if not at place of death					
Married, Single or Widowed	single	Name of Wife or Husband					
Father's Name	George Rauth				Father's Birthplace	Germany	
Mother's Maiden Name	Dorothea, Born				Mother's Birthplace	'	
Name of person giving Information	Mabel Rauth				How related to deceased	sister	

CAUSES OF DEATH

Primary

169

How long

Immediate

Heart Failure

How long

Are the name, age, sex, color, date
and place correctly given above?

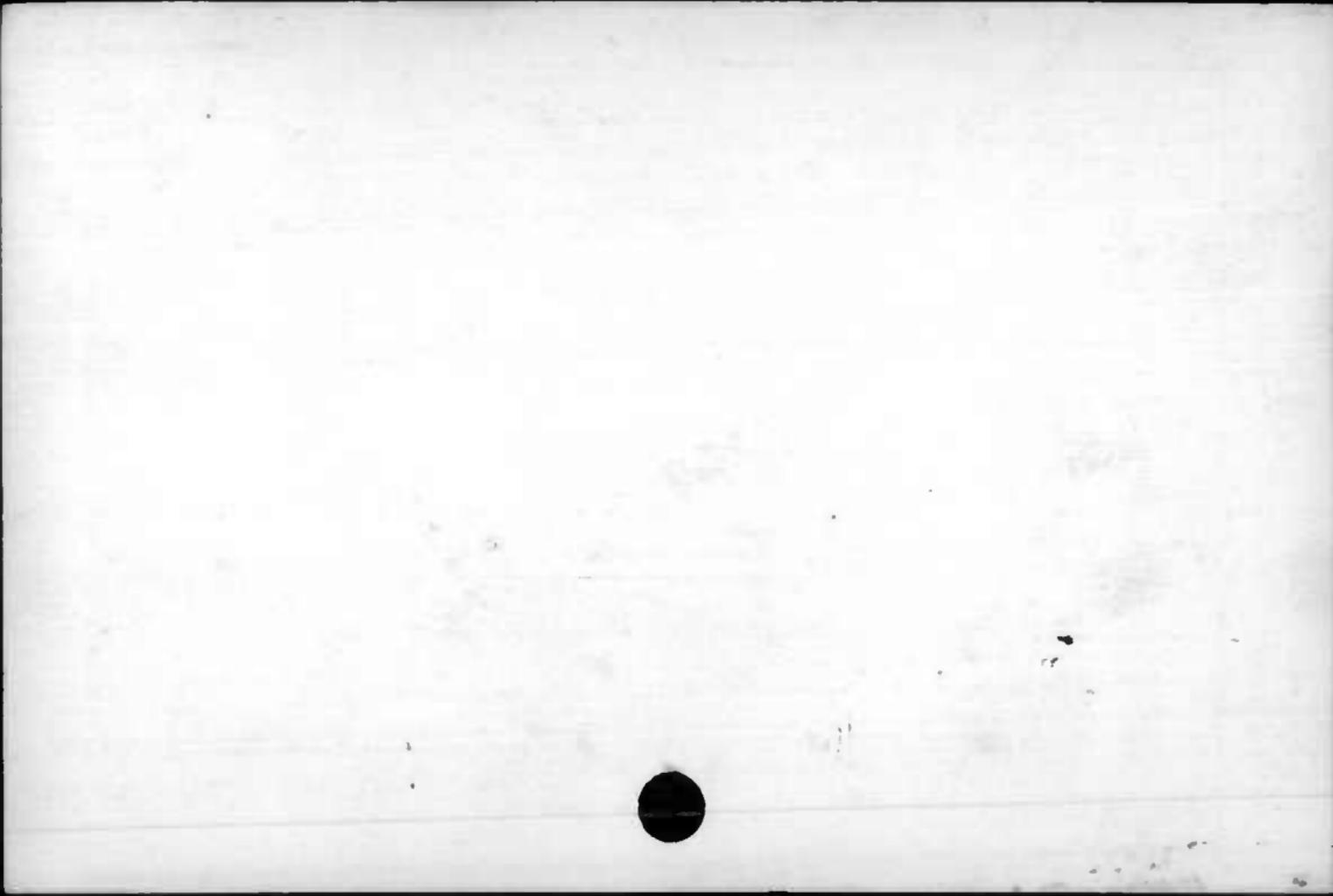
yes

Signature of
Physician

Address

AP Stauffer
Hagerstown
Md

Accident or Suicide?



Name
in
Full

Henrietta H. Reuner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Washington	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1905	June	13	27	3	18	
Sex	Female	Color or Race	White	Birth-place	Sharpsburg	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Husband	McClellan Reuner			
Father's Name	David Sperry		Father's Birthplace	Sharpsburg		
Mother's Maiden Name	Anna Delaney Burns		Mother's Birthplace	"		
Name of person giving information	Mrs. J.W. Hines		How related to deceased	Sister		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

3 or 4 yrs.

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

G. M. Gurnett,
Sharpsburg, Md.

Accident or Suicide?

Chas. S. Wade
Understader

Name
in
Full

George Washington Reid

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

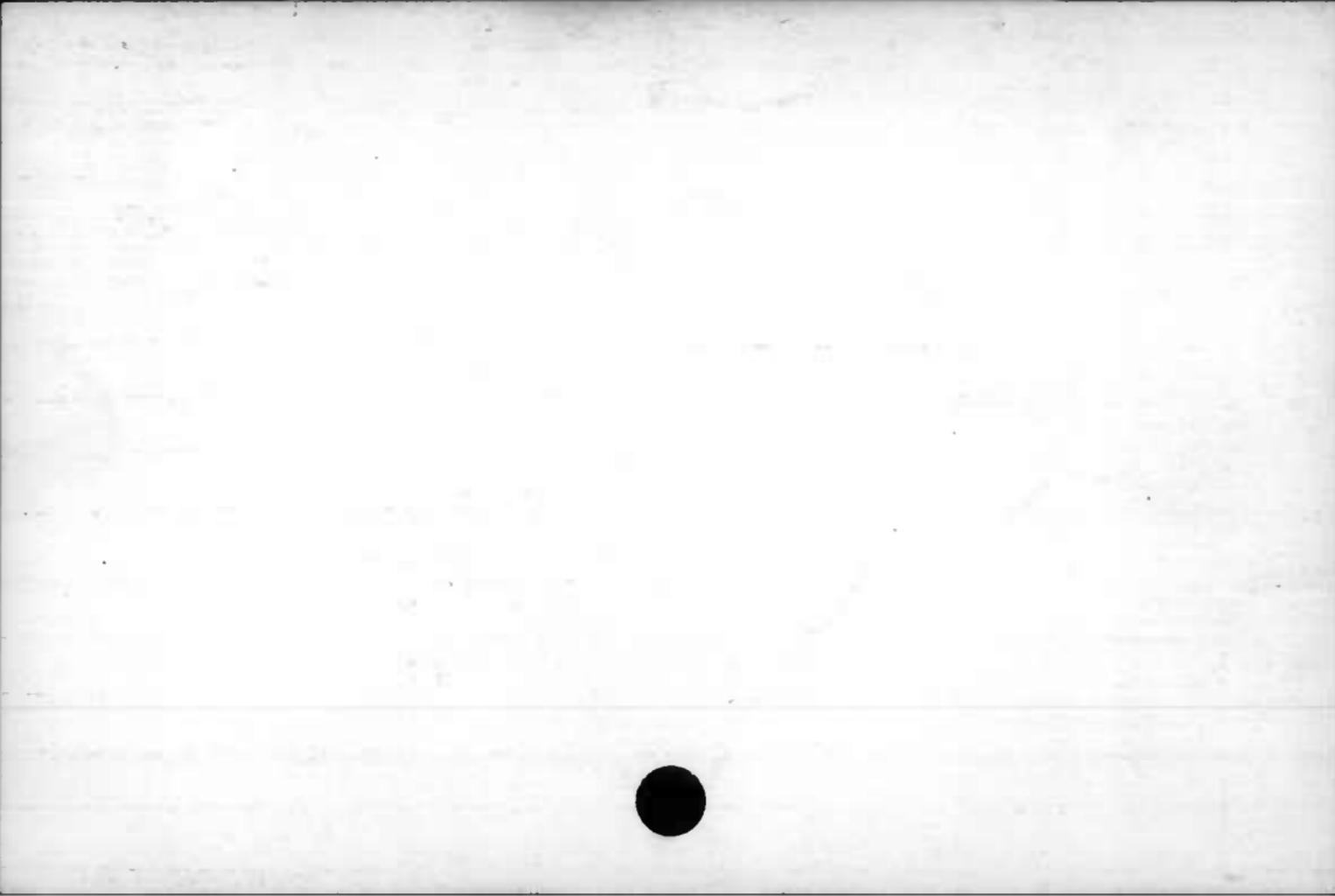
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1905	6	14	64	6	22
Sex	Male	Color or Race	White		
Occupation	Photographer				
Married, Single or Widowed	Where Residing if not at place of death				
Father's Name	George Washington Reid				
Mother's Maiden Name	Smithsburg Md				
Name of person giving information	John Reid				
	Rebecca				
	George Reid				
	(S)				
CAUSES OF DEATH					
Primary	Insanity & Decay of nervous system				
Immediate	Exhaustion & Convulsions				
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
yes			Address		
Accident or Suicide?					

PHYSICIAN
OR CORONER

How long
About 2 years

How long
3 months

J. L. Massie M.D.
Smithsburg Md.



Name
in
Full

William M. Schucker.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Germany				
Mother's Maiden Name	Germany				
Name of person giving information	How related to deceased				

Baltimore Wash.

1908 6 23 Age 49

male white Md

Restaurant Keeper Hagerstown Md.

widower

Johne Schucker

Eliz Soarubger

J. Harry Schucker brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

locomotor Ataxia

Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

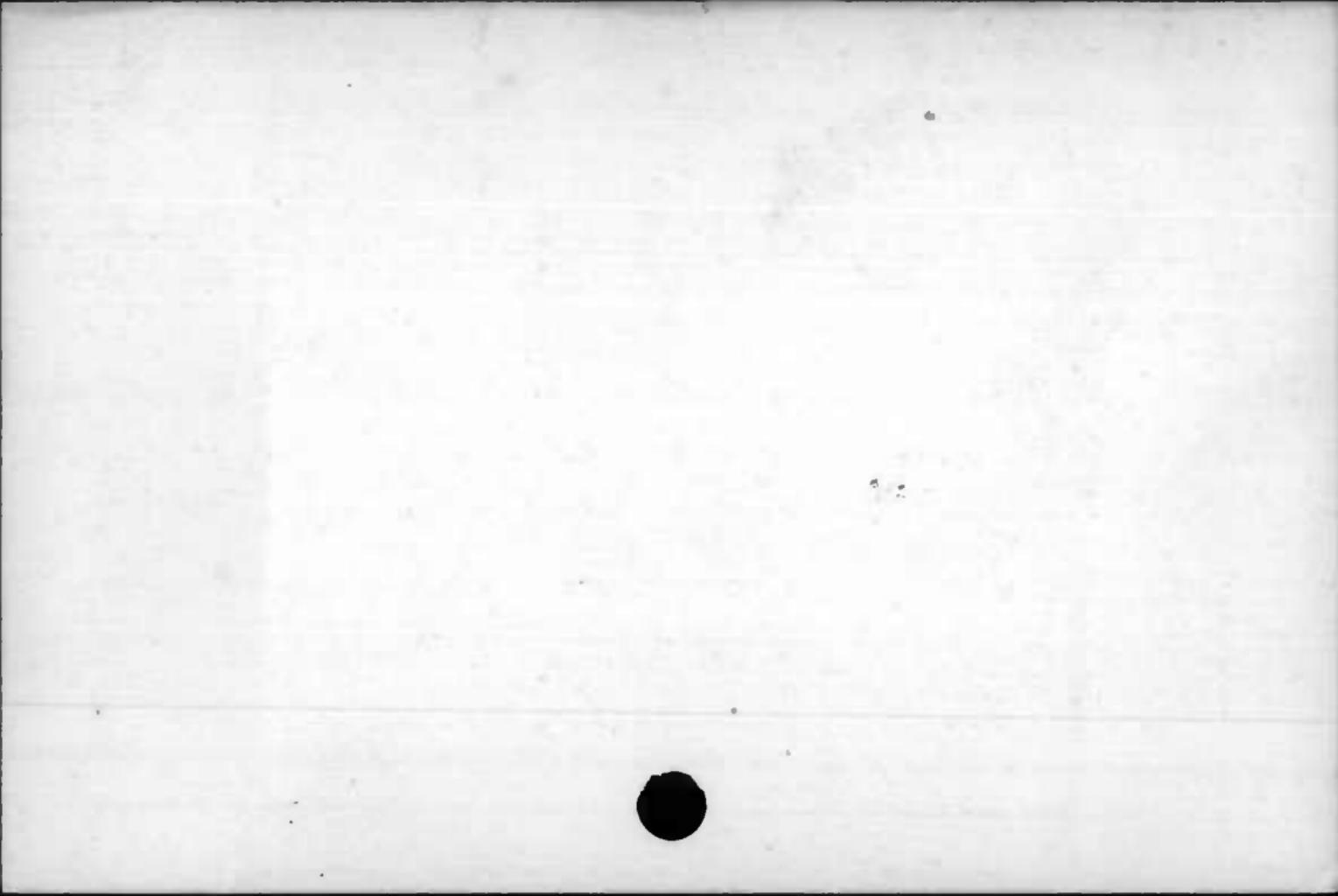
yes

Address

W.M. Schucker & Son Undertakers

Hagerstown
Md.

Accident or Suicide?



Name
in
Full

Mrs Mary E. Shank

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at

Town
Greencastle

County
Franklin

Po.

MARYLAND

Date
of death

1905

Month
Jan

Day
27

Years
48

Months
1

Days
7

Sex

Female

Color or
Race
White

Birth-
place
Frederick County
Maryland

Occupation

Housekeeper

Where Residing if not
at place of death
at Greencastle Pa

Married, Single
or Widowed

Married

Name of Wife or
Husband
John S. Shank

Father's
Name

Lucy Bannegardner

Father's
Birthplace
Maryland

Mother's
Maiden Name

Mary Leady

Mother's
Birthplace
Maryland

Name of person giving
Information

John S. Shank

How related
to deceased
Husband

CAUSES OF DEATH

Primary

Bright's Disease

Bright's Disease

How long
1 year

Immediate

Heart failure

72 hours

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

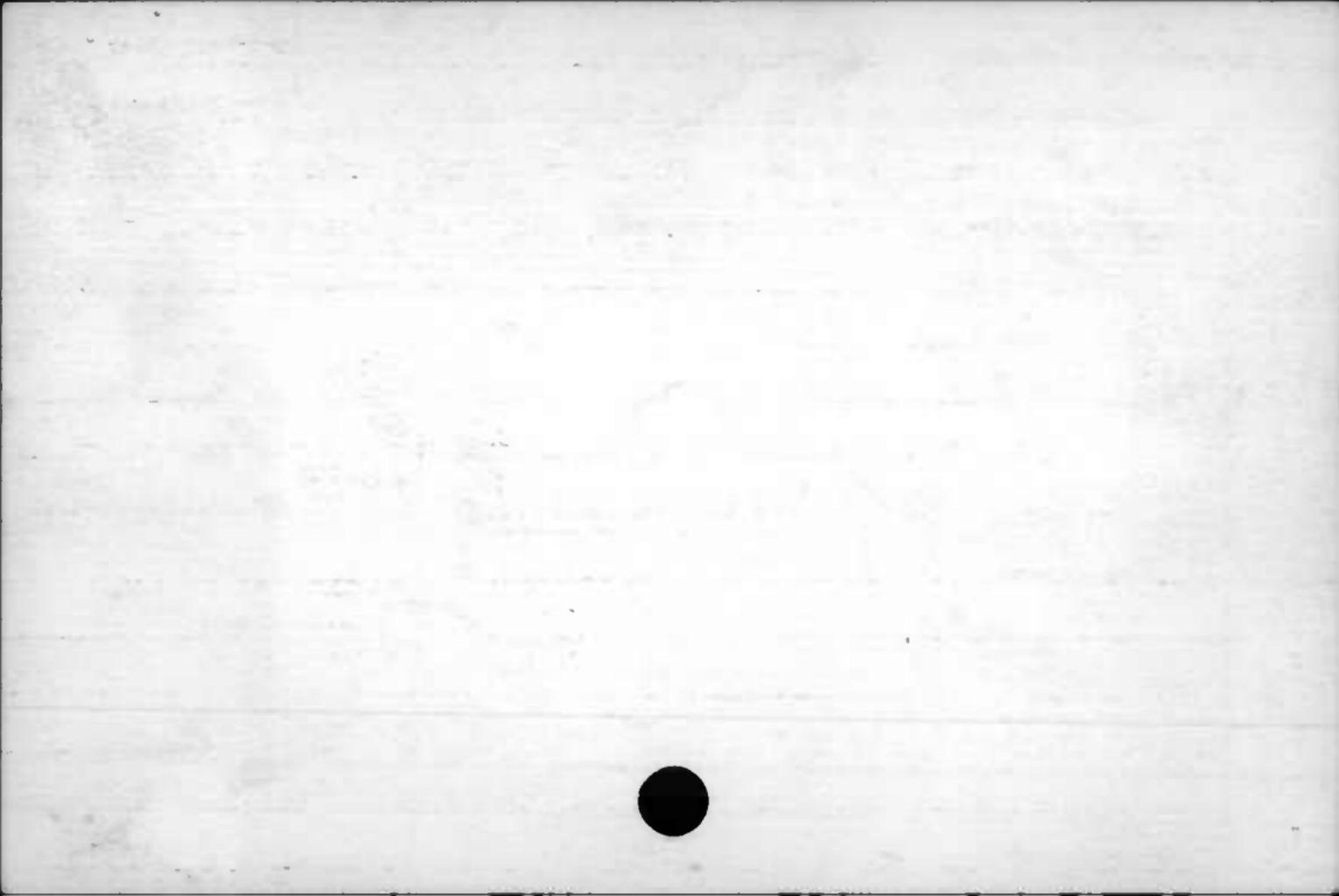
Franklin A. Bushay M.D.

Greencastle Pennsylvania

PHYSICIAN
OR CORONER

Accident or Suicide?

Neither



Name
in
Full

Martha Shara

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County		
Died at Mangansville	Wash -		
Date of death 1905	Month 6	Day 26	Years 84
Age 84	Months 10	Days 4	
Sex female	Color or Race white	Birth-place Pa.	
Occupation house wife	Where Residing if not at place of death home		
Married, Single or Widowed widow	Name of Wife or Husband		
Father's Name Peter Share		Father's Birthplace Pa	
Mother's Maiden Name Elizabeth Sonse		Mother's Birthplace Pa	
Name of person giving information Catherine Eversole		How related to deceased daughter	daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	old age	How long	—
Immediate		How long	—

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

D.C. Miller M.D.
Macon & Dixon

Address

Mangans & son undertakers Pa

Accident or Suicide?

0170/11/26

Name
in
Full

William Henry Show

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	6	9	70	6	29
Sex	Color or Race	Birth-place			
Male	White	Maryland			
Occupation	Where Residing if not at place of death	Sharpsburg			
Labored	head				
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Maryland		
Single	John Show	Maryland			
Mother's Maiden Name	Wm. - known.	Mother's Birthplace			
Name of person giving information	Chas Show	How related to deceased	Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

General debility

How long

For years

Immediate

Paralysis

How long

a short time

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr. Lovell Gardner
Sharpsburg - Md.

Accident or Suicide?

Eugene Markes,
Undertaker,

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Catharine E Smith

CERTIFICATE OF DEATH

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age		Birthplace	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Charles Lloyd			
Father's Name	Charles Smith	Lemours			
Mother's Maiden Name	Margaret Gross	..			
Name of person giving information	How related to deceased				

CAUSES OF DEATH

Primary

Rheumatism

How long

Several Weeks

Immediate

Endocarditis

How long

Are the name, age, sex, color, date and place correctly given above?

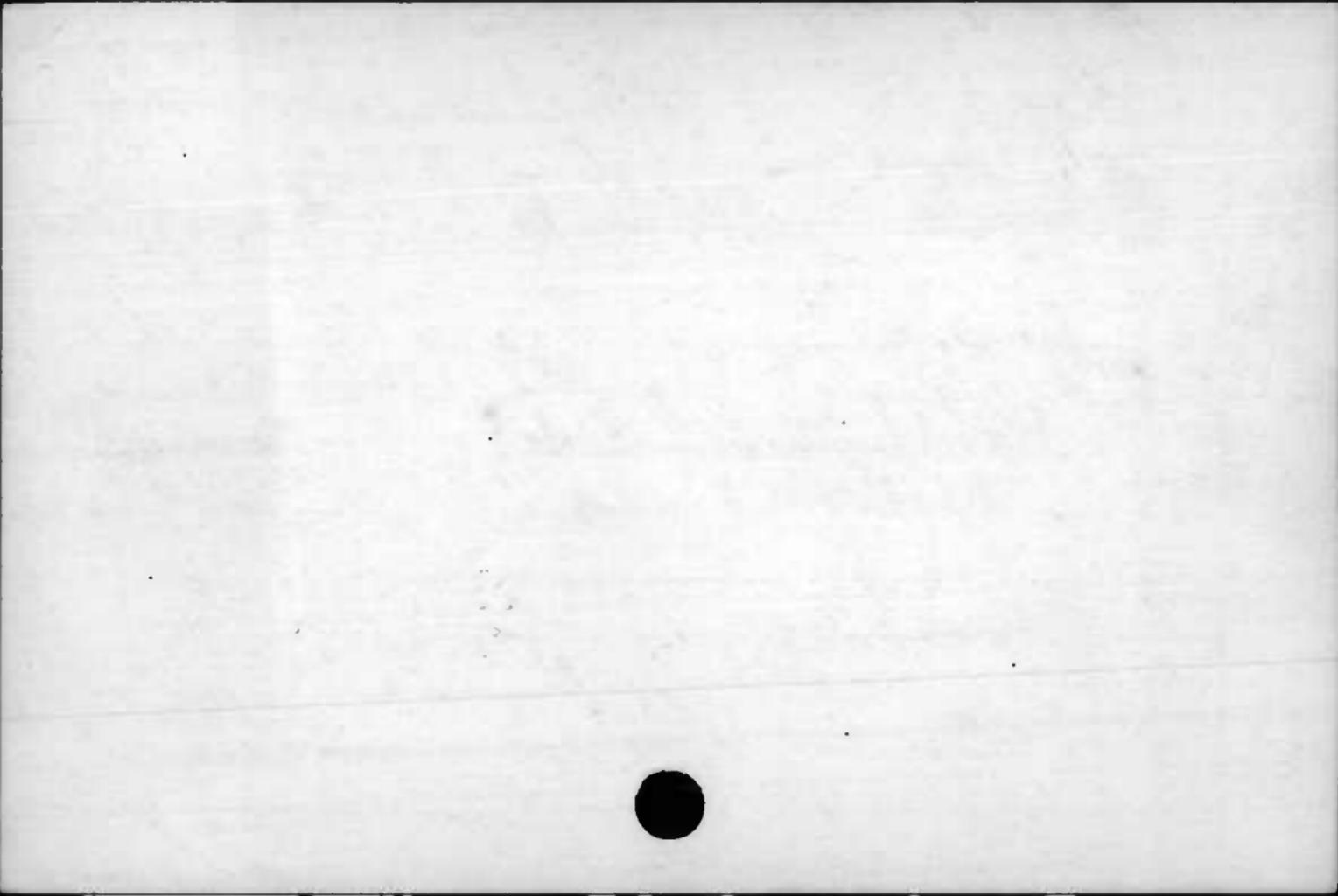
Yes

Signature of Physician

Address

McRea
Hagerstown

Accident or Suicide?



Name
in
Full

Martha Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Ohio		
Mother's Maiden Name	Wasson Division P.A.		
Name of person giving information	Mother		

Reid June 26th 1905 Female White Reid Md.

Glora Elynn Smith Bertha M. Schindel Bertha M. Smith

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Premature Birth

How long

(5)

Immediate

Are the name, age, sex, color, date and place correctly given above?

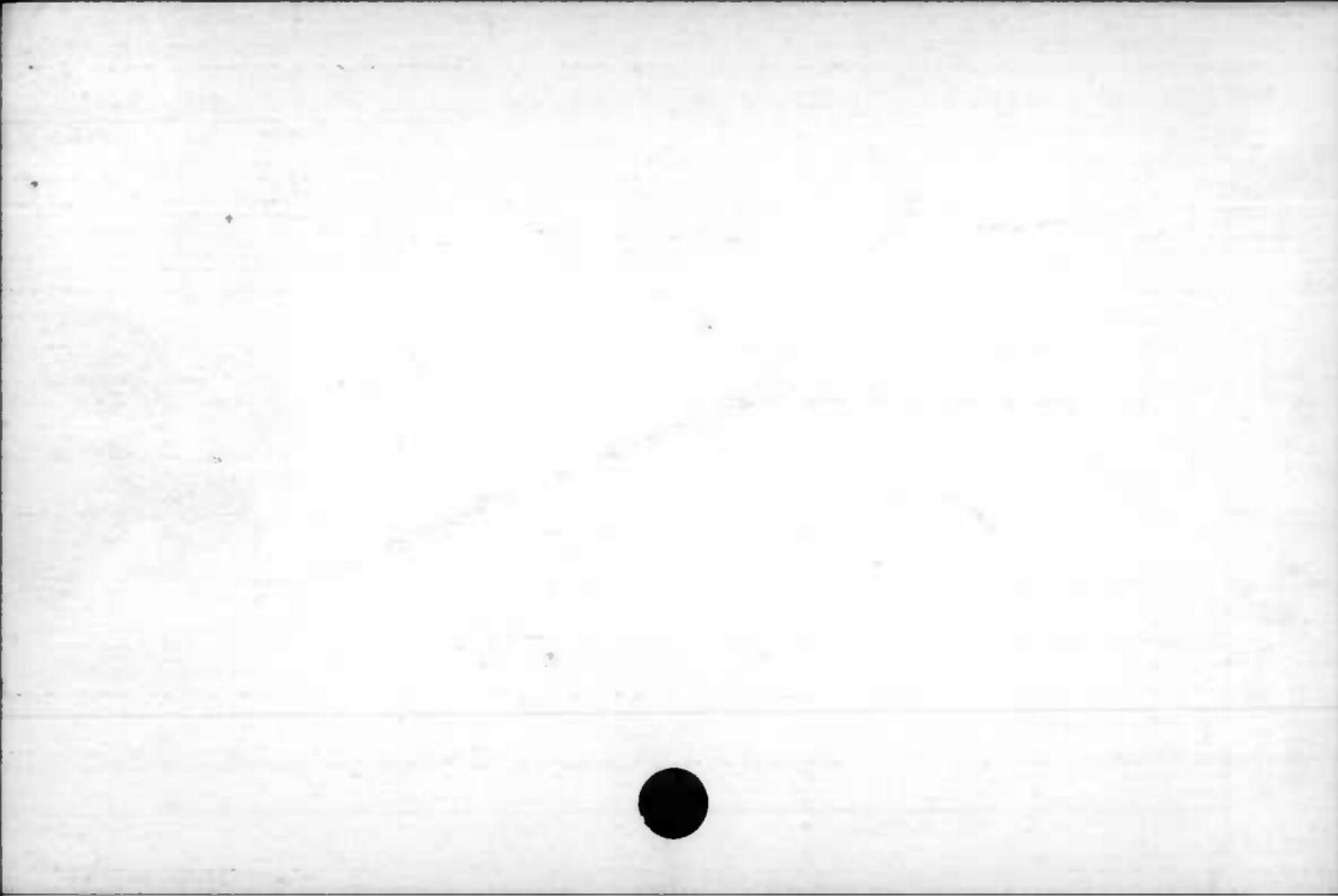
yes

Signature of Physician

Address

J. H. Wissard
Leitersburg
Md.

Accident or Suicide?



Name
in
Full

Mary J. Stone

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Washington			County	MARYLAND	
Died at	Month	Day	Years	Months	Days	
Date of death	1905 June	3	61	3	16	
Sex	Female	Color or Race	White	Birth-place	Indian Spring	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife or Husband	Mary J. Stone			
Father's Name	Rev Geo W. Kershaw			Father's Birthplace	Bel Air	
Mother's Maiden Name	Isatella Dovler			Mother's Birthplace	Indian Spring	
Name of person giving information	Mary J. Stone			How related to deceased	husband	

CAUSES OF DEATH

Primary

Arched Stevens

How long

70

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

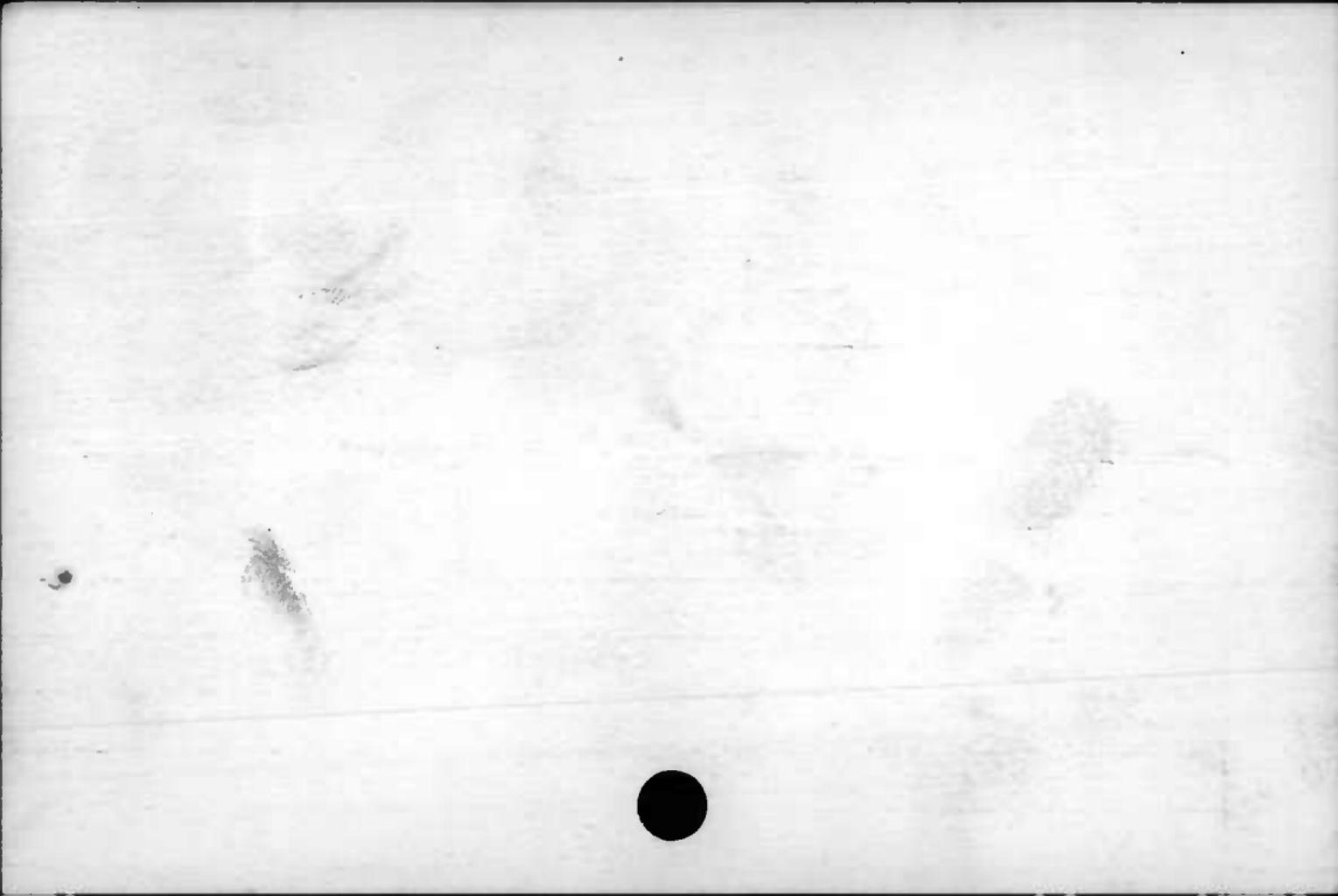
Signature of Physician

PHYSICIAN
OR CORONER

Address

A.P. Stauffer

Accident or Suicide?



Name
in
Full

Lillian Anna Stonebraker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

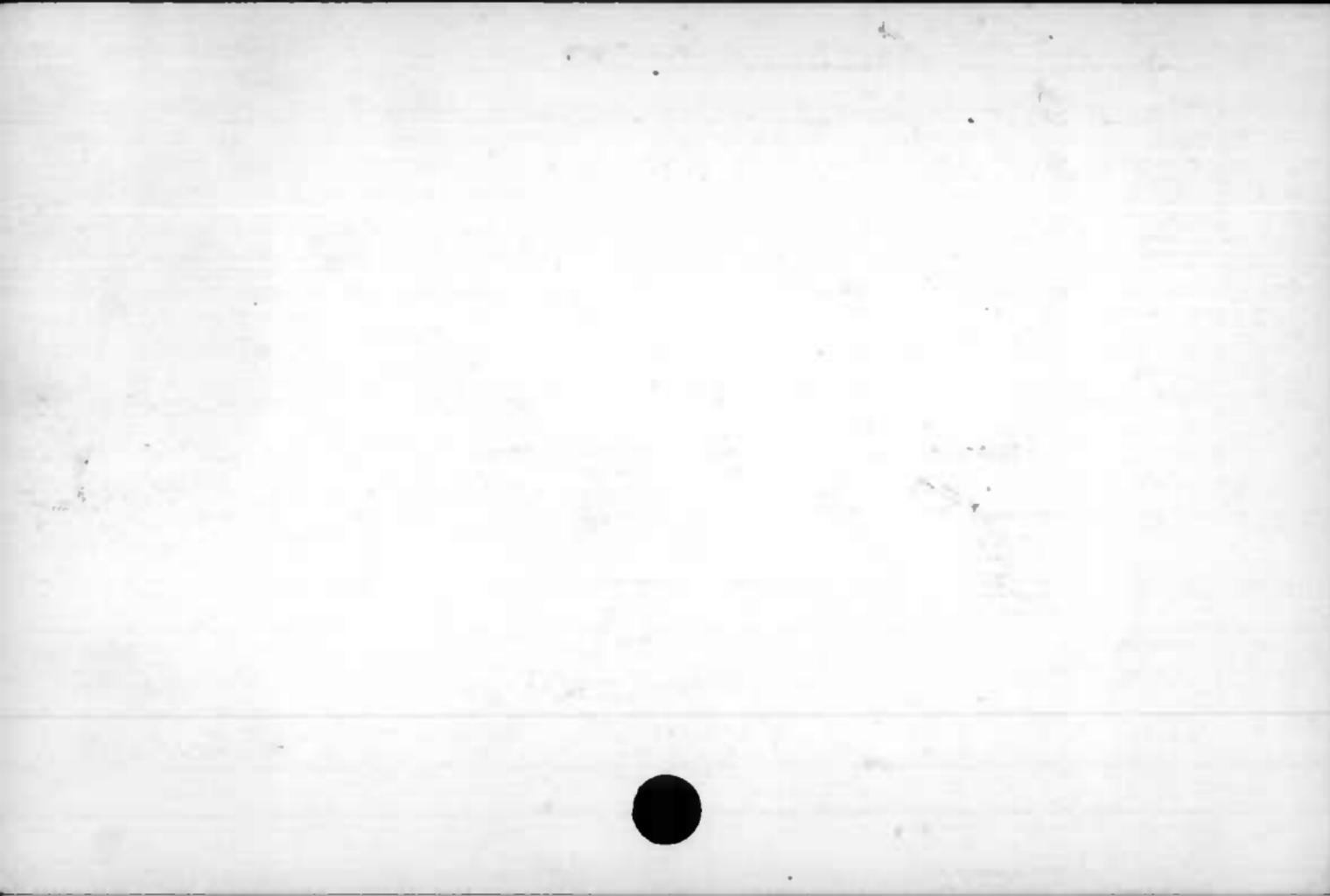
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	9	8	25
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	B. F. Stonebraker				
Mother's Maiden Name	Mary E Sprecher				
Name of person giving Information	B. F. Stonebraker				
CAUSES OF DEATH					
Primary	Defective Heart (79)				
Immediate	Tubular insufficiency of heart, several months				
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
Yes			Address		
Accident or Suicide?					

PHYSICIAN
OR CORONER

How long since birth

How long

EST. W. Daagae
Hagerstown Md.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Hirque Stouffer

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace	Mother's Birthplace	
Father's Name	Christian Stouffer		MD	MD	
Mother's Maiden Name	Roxena Rhodes		MD	MD	
Name of person giving information	Jerome Stouffer		How related to deceased	Husband	

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Paralysis
yes

Signature of Physician

Address

Bob
J.W. Umstot MD
Hagerstown
Washington Co

Accident or Suicide

Hogstone

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDWm F. Thomas
Hagerstown Wash.

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County	
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Ellen M. Thomas.	
Father's Name	Christopher Thomas		
Mother's Maiden Name	Not known		
Name of person giving Information	Ellen Thomas wife		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Heart failure
yes

Signature of Physician

Address

S. M. Waganan
Hagerstown
Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mrs Laura A Updegraff

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	Co.		
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Husband	Wm Updegraff		
Father's Name	Eli Mobley			
Mother's Maiden Name	Sophia Mayberry			
Name of person giving Information	Wm Updegraff			

CAUSES OF DEATH

Primary

cerebral hemorrhage

How long

about three years

Immediate

having of late food, not from parents.

How long

about one week

Are the name, age, sex, color, date and place correctly given above?

Yes

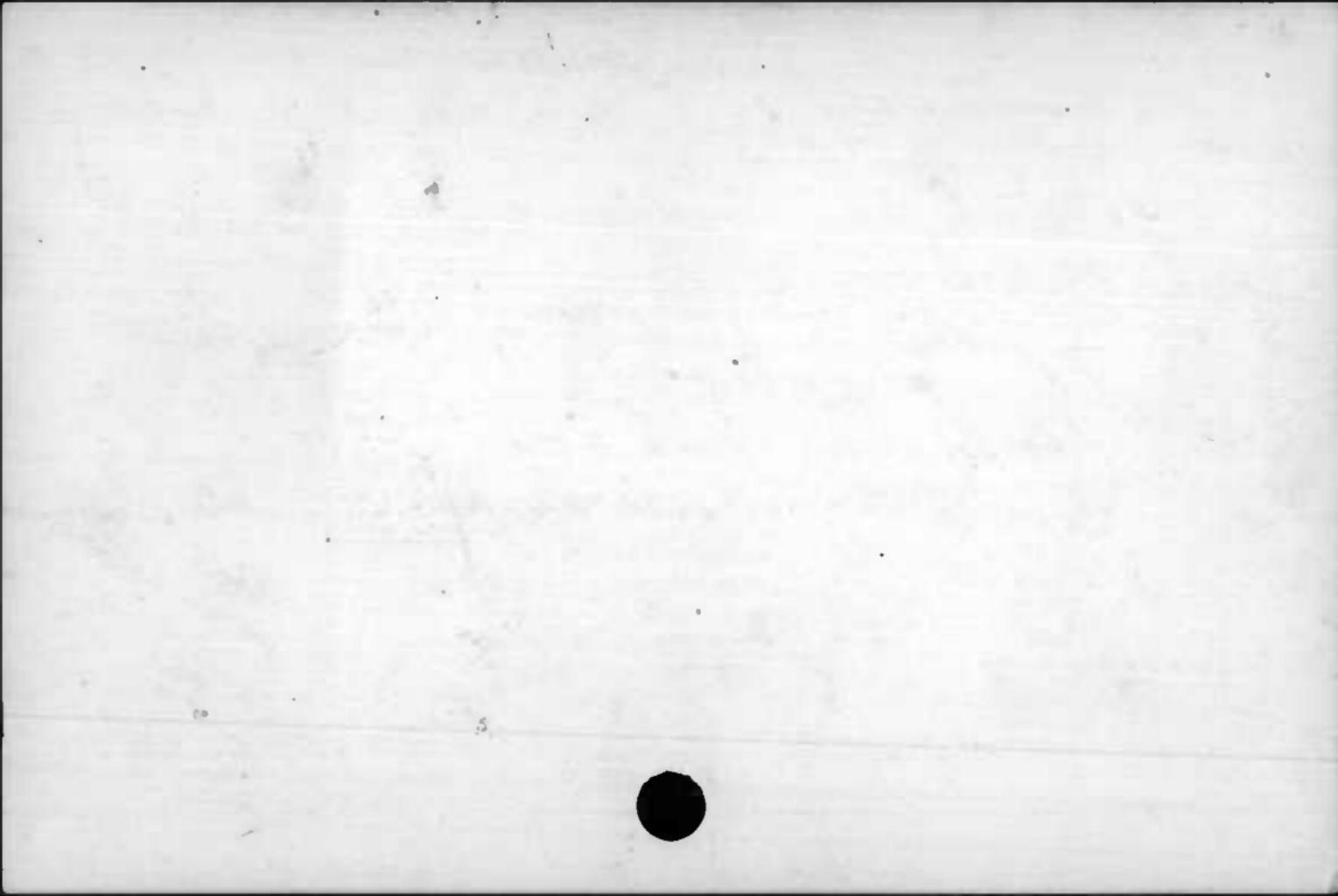
Signature of Physician

J.W. Hunsdorfer

Address

Hogstown
Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Charles N. White

CERTIFICATE OF DEATH

MARYLAND

Died at	Hagerstown	Wash.	County		
Date of death	1905	Month	Day	Years	Months Days
Sex	male	Color or Race	white	Birth-place	md.
Occupation	machinist				
Married, Single or Widowed	married	Name of Wife or Husband	Mary E. White		
Father's Name	Daniel White				
Mother's Maiden Name	Julia A. Bassett				
Name of person giving Information	Mrs. M. E. White				

CAUSES OF DEATH

Primary

Tuberculosis

How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

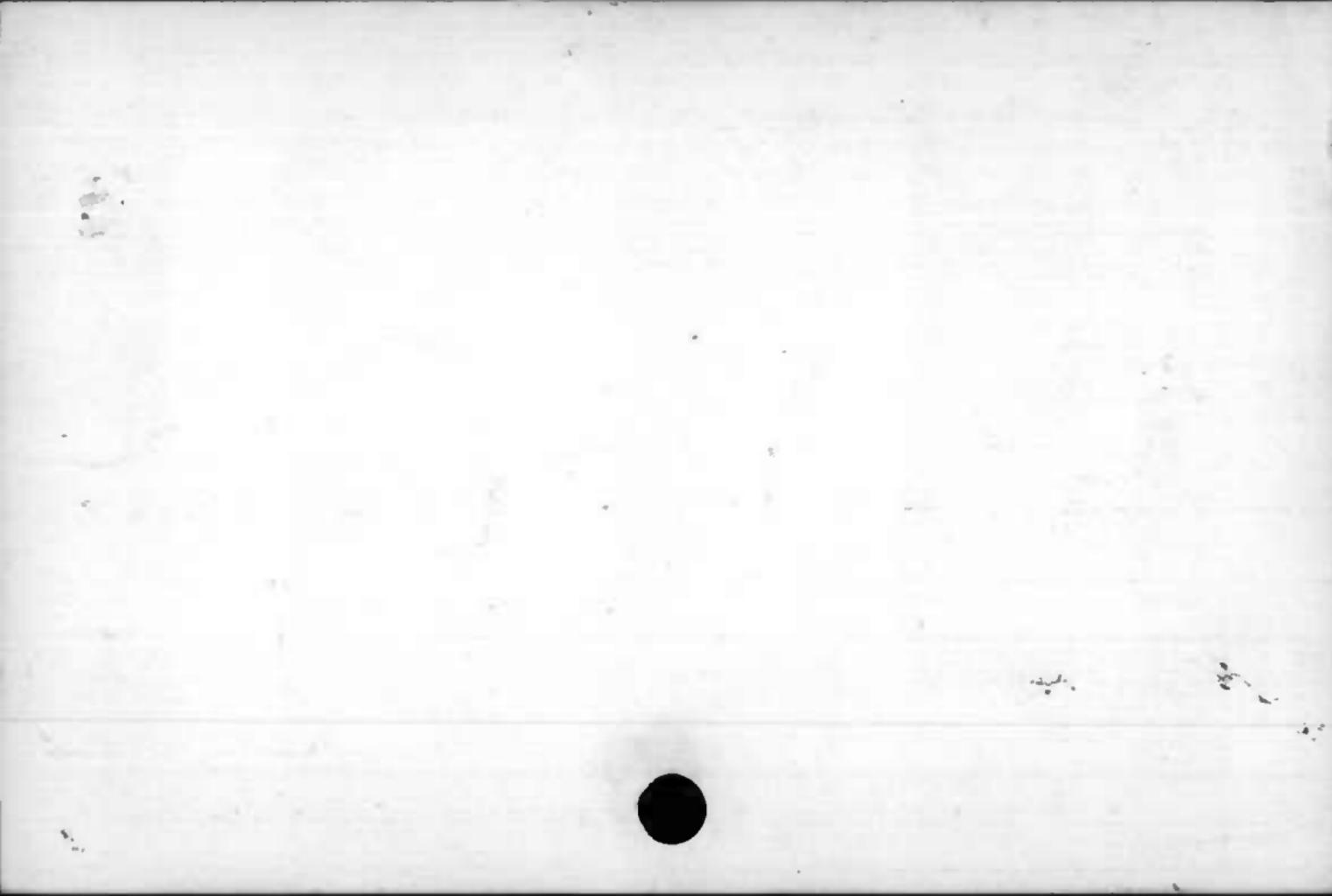
yes

Signature of Physician

Address

Ellen Hanham
Hagerstown
md

Accident or Suicide?



Name
in
Full

Edith Jane Wilson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <i>Kanawha</i>	Town	County <i>Mast</i>	MARYLAND		
Date of death <i>1905</i>	Month <i>6-20</i>	Day <i>20</i>	Years <i>0</i>	Months <i>0</i>	Days <i>22</i>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth- place <i>Kanawha</i>			
Occupation ____	Where Residing if not at place of death ____				
Married, Single or Widowed ____	Name of Wife or Husband ____				
Father's Name <i>Clarence Joshua Wilson</i>	Father's Birthplace <i>Burkley Spring, W. Va.</i>				
Mother's Maiden Name <i>Matheny Snyder</i>	Mother's Birthplace <i>Hillstone</i>				
Name of person giving Information <i>P. J. Wilson</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

Primary	<i>15</i>	How long
Immediate <i>strumulation</i>	<i>15</i>	How long

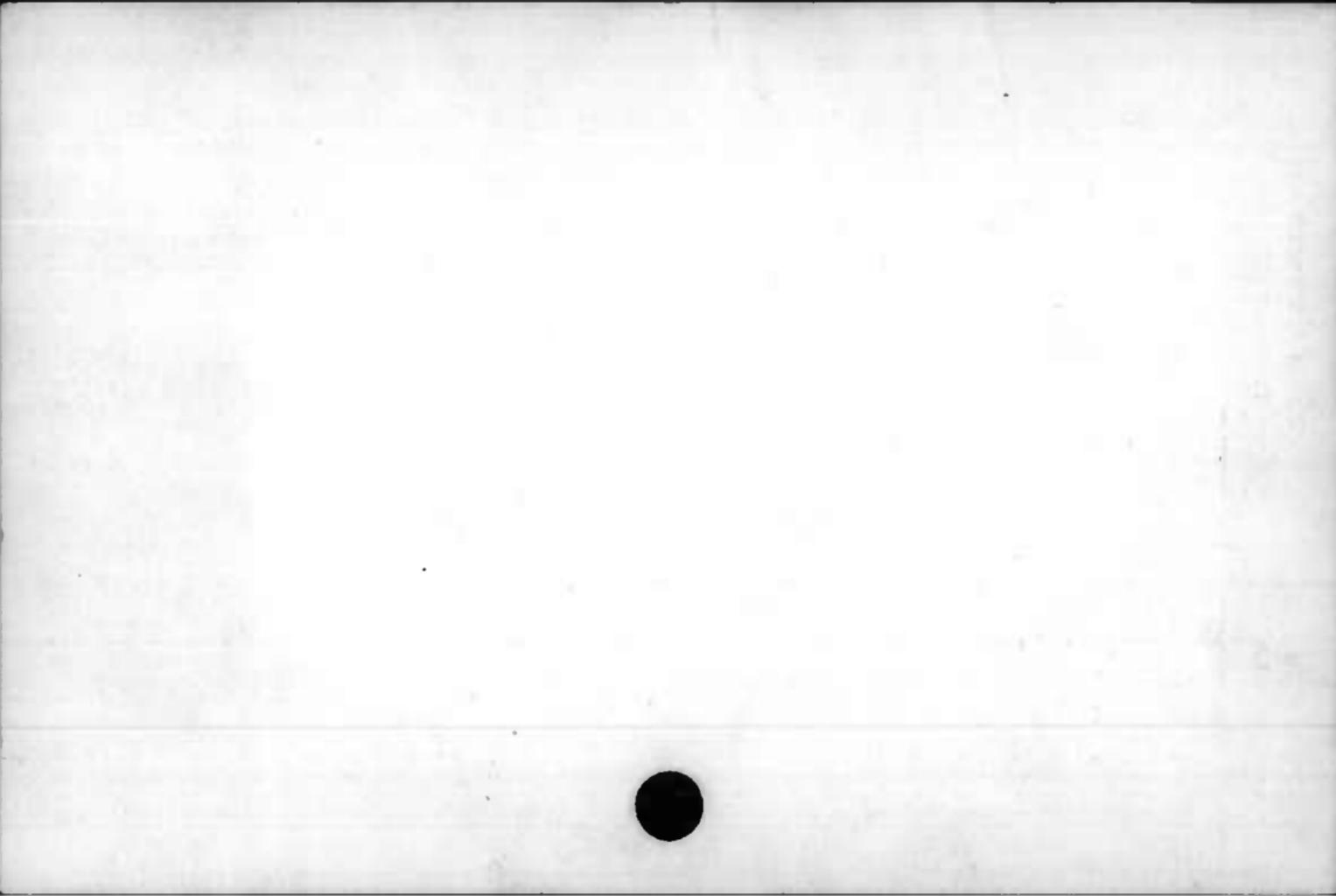
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

*P. Elwood, M.D.
Hancock, Md.*

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Ruth Young

CERTIFICATE OF DEATH

Died at <u>Hagerstown</u> Town		County <u>Washington</u>		MARYLAND		
Date of death <u>1903</u>	Month <u>6</u>	Age <u>21</u>	Years <u>1</u>	Months <u>1</u>	Days <u>10</u>	
Sex <u>Female</u>	Color or Race <u>Solute</u>	Birth-place <u>Mary</u>				
Occupation	Where Residing if not place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	<u>Charles Young</u>					
Mother's Maiden Name	<u>Nettie E. Miner</u>					
Name of person giving information	<u>Charles Young</u>					

CAUSES OF DEATH

Primary

Don't Know



How long

Don't Know

Immediate

Convulsions

How long

Don't Know

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

David A. Watkins

Hagerstown Md.

Accident or Suicide?

Hagstow

Name
in
Full

Niela Young

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing if not place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	md
Father's Name	Sylvester Young	Mother's Birthplace	md
Mother's Maiden Name	Sophia Irene Young	Name of person giving information	How related to deceased
	Sylvester Young		Father

CAUSES OF DEATH

Primary	Large Spina bifida	X-0	How long
Immediate	Convulsions, coma		several hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address	R.W. Reagan Neagoe-Spots M.D.
Accident or Suicide?			

PHYSICIAN
OR CORONER

Hagstam